

Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

**Richard Baden** +

Town **German Town** County **Anne Arundel** **MARYLAND**

Died at **German Town**

Date of death **1909** Month **May** Day **23<sup>rd</sup>** Age **5-3** Months **1** Days **1**

Sex **Male** Color or Race **Colored** Birth-place **Prima S. Co.**

Occupation **Labourer** Where Residing if not at place of death **German Town**

Married, ~~Single~~ **married** Name of Wife or Husband **Elizavith Baden**

Father's Name **Augustus Baden** Father's Birthplace **P. S. Co. Md.**

Mother's Maiden Name **Elizer Syland** Mother's Birthplace **" " " "**

Name of person giving Information **Thomas Baden** How related to deceased **Son**

## CAUSES OF DEATH

79

Primary **Asthma and Hypertrophied Heart** How long **months**

Immediate **Asthma** How long **Immediate**

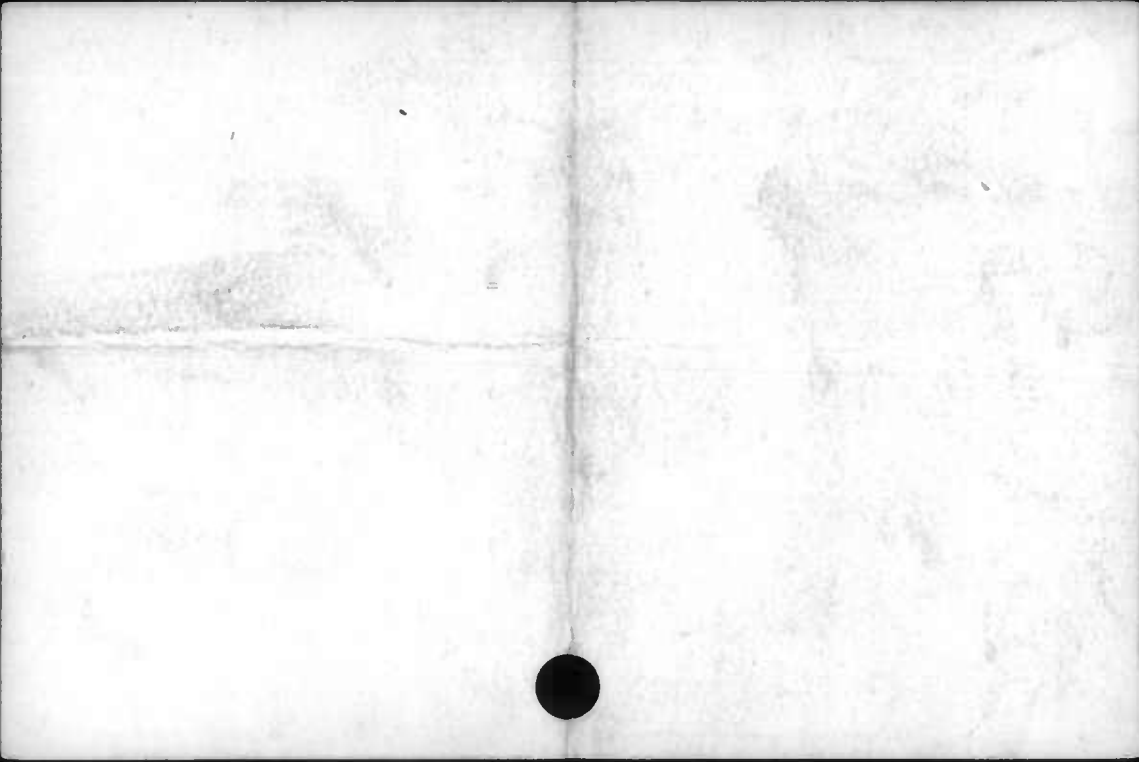
Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **Ambrose Garcia M.D.**

Address **126 Bay St**

**Annapolis Md**

Accident or Suicide **—**



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Jacob W. Blake

Died at <sup>Town</sup> 3<sup>d</sup> district <sup>County</sup> A  
Date of death 1909 May 19 Age 25  
Sex Male Color or Race colored Birth-place A. A. lo  
Occupation Farmer Where Residing if not at place of death

MARYLAND

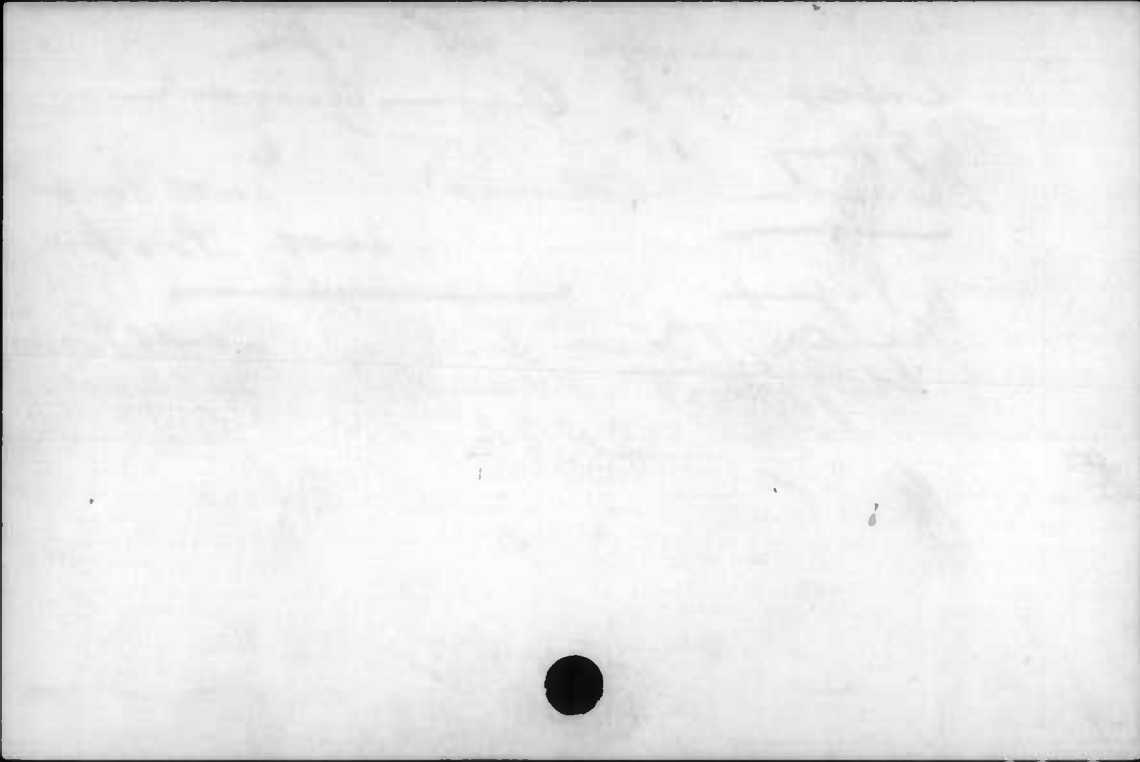
Married, Single or Widowed Single Name of Wife or Husband None  
Father's Name Jacob H. Blake Father's Birthplace A A lo  
Mother's Maiden Name Sarah E. Wright Mother's Birthplace A A lo  
Name of person giving information Jacob H. Blake How related to deceased Father

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis How long 4 months  
Immediate Exhaustion How long 7 days  
Are the name, age, sex, color, date and place correctly given above? ya  
Signature of Physician P. P. Fuller  
Address 60 Colchester Rd. S. Annapolis Md.  
Accident or Suicide? no



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jessie Blum* Town *East Port* County *Anne Arundel* MARYLAND

Died at *East Port* Month *May* Day *10* Years *6* Months *6* Days *—*

Date of death *1909 May 10* Age *6*

Sex *Female* Color or Race *Colored* Birth-place *East Port*

Occupation *—* Where Residing if not at place of death *East Port*

Married, Single *Infant* Name of Wife or Husband *—*

Father's Name *Charles Blum* Father's Birthplace *East Port*

Mother's Maiden Name *Elizabeth Hall* Mother's Birthplace *Prinnsville*

Name of person giving Information *Charles Blum* How related to deceased *father*

CAUSES OF DEATH

90

Primary *Cold* How long *—*

Immediate *Bronchial affection* How long *—*

Are the name, age, sex, color, date and place correctly given above?

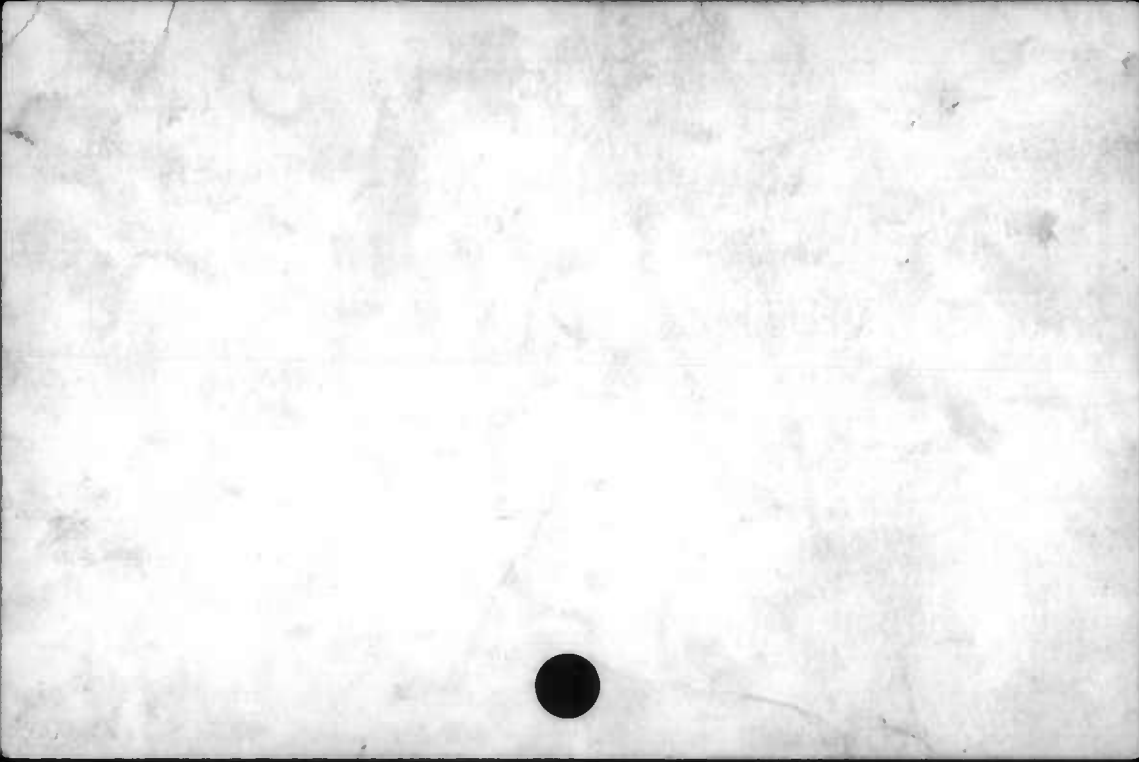
Signature of Physician

Address

*Charles G. Feldner*  
*Justice of the Peace*  
*Acting Coroner*

Accident or Suicidal

PHYSICIAN  
OR CORONER



Name  
in  
Full

Lura G. Brooke

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brooklyn</u> <sup>Town</sup>		County <u>aca</u>		MARYLAND	
Date of death	1909	Month	5	Day	30
Age		Years	4	Months	9
Sex		Female	Color or Race	White	Birth-place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Single			
Name of Wife or Husband		—			
Father's Name		Chas H. Brooke		Father's Birthplace	
Mother's Maiden Name		Gertrude F. McElwain		Mother's Birthplace	
Name of person giving information		Chas H. Brooke		How related to deceased	
				Father	

PHYSICIAN  
OR CORONER

Drinking water from unused well

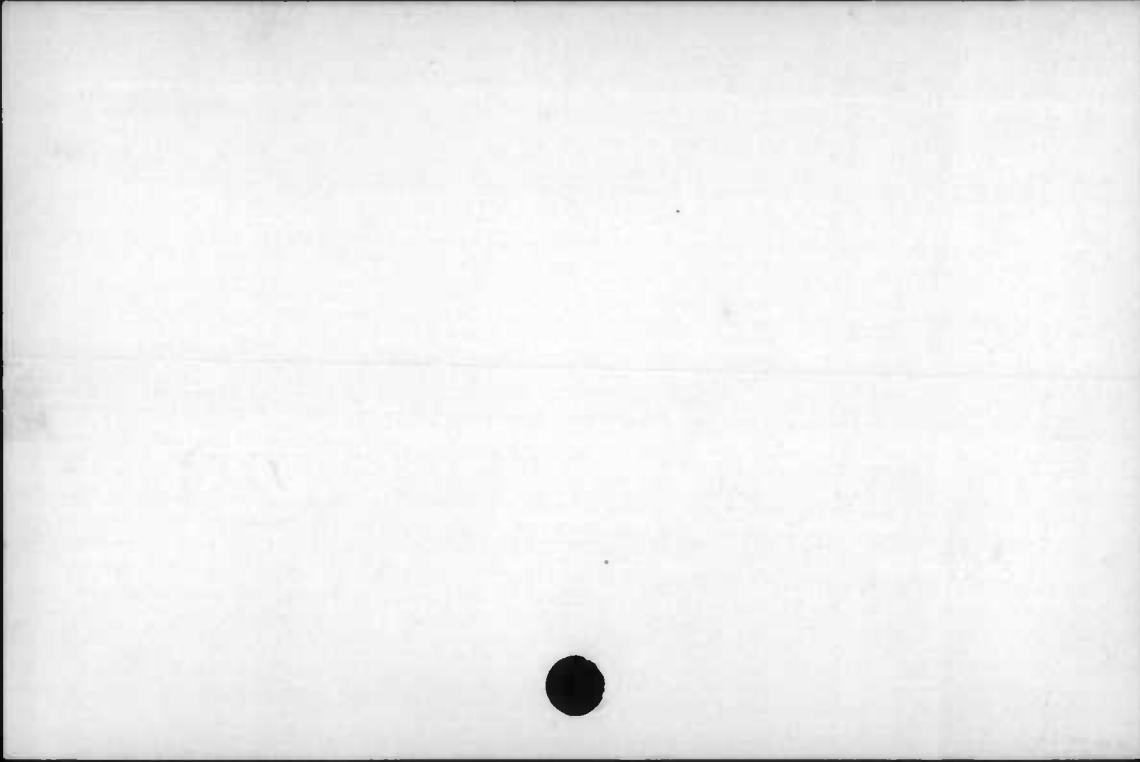
CAUSES OF DEATH

Primary	Plum poisoning	How long	175 days
Immediate	Heart failure	How long	

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas H. Brooke  
Address Brooklyn

Accid — — —





Name  
in Full

Elijah Brown

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at Dick Meek

Anne Arundel

Date

of death 1909

Month

May

Day

27

Age

Years

52

Months

-

Days

-

Sex

Male

Color or  
Race

Colored

Birth-  
place

Anne Arundel Co

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah Elizabeth Brown

Father's  
Name

William Brown

Father's  
Birthplace

Anne Arundel

Mother's  
Maiden Name

Mary Pack

Mother's  
Birthplace

Anne Arundel

Name of person giving  
Information

Columbus Kess.

How related  
to deceased

Friend

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

About one year

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

James S. Bellingslee, M.D.

Address

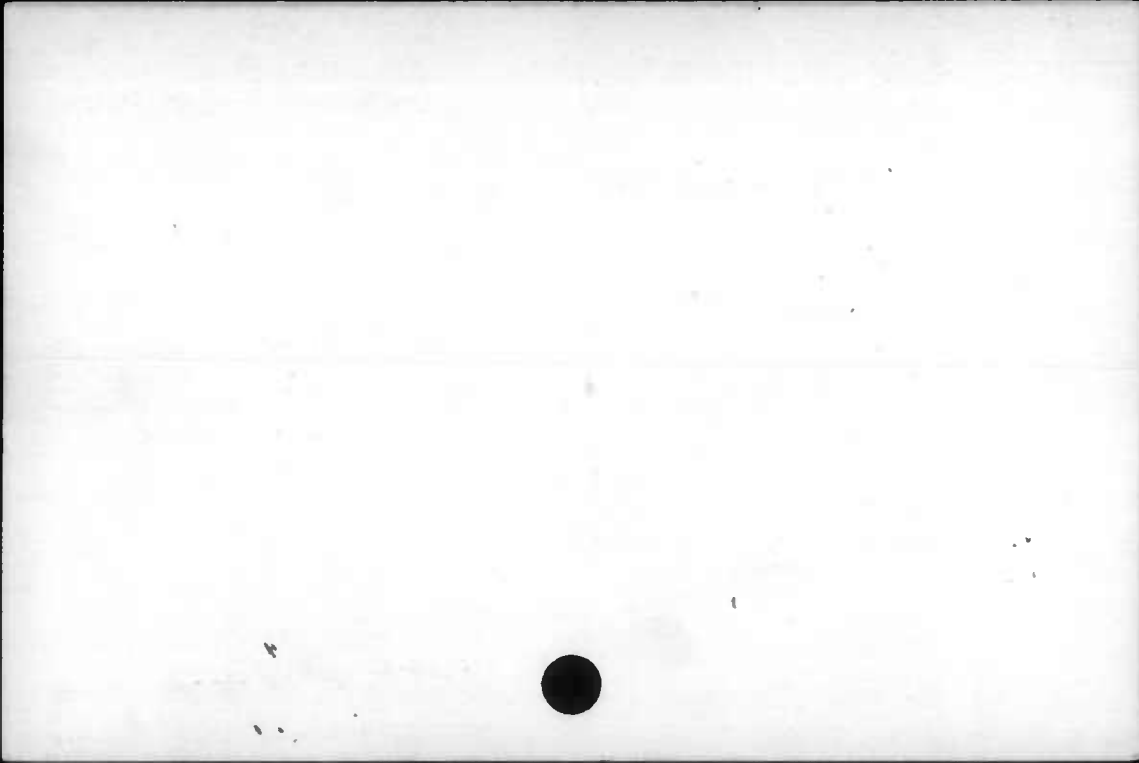
Subregistered 3rd dist.

Accident or Suicide

No

A.A. Co Mt.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Died at

TOWN  
Annapolis

COUNTY

A-a-

MARYLAND

Date

of death

1909

Month

May

Day

9

Age

Years

19

Months

—

Days

—

Sex

Female

Color or  
Race

Colored

Birth-  
place

Annapolis

Occupation

Maid

Where Residing if not  
at place of death

25- Acton Street

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Melisa Brown

How related  
to deceased

Foster Mother

Brewerhill, Cent-

## CAUSES OF DEATH

108

Primary

Acute Peritonitis from Intestine  
-nal Obstruction

How long

6 days

Immediate

Heart Failure

How long

One hour

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

P. P. Reese  
60 Calthe Street  
Annapolis Md

Accident or Suicida

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

— — — — —



Name  
in  
Full

Nancy Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Lothian <sup>town</sup> a a <sup>County</sup> MARYLANDDate of death 1909 May <sup>Month</sup> 8 <sup>Day</sup> Age 46 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup>Sex Female Color or Race Color Birth-place MdOccupation House wife Where Residing if not at place of deathMarried, Single Married Name of Wife or HusbandFather's Name Richard BrownFather's Birthplace MdMother's Maiden Name Nancy GensinaMother's Birthplace MdName of person giving Information Leah Miller BrownHow related to deceased daughter

## CAUSES OF DEATH

179

Primary Not known

How long

Immediate Coma & Cardiac Failure 3 days

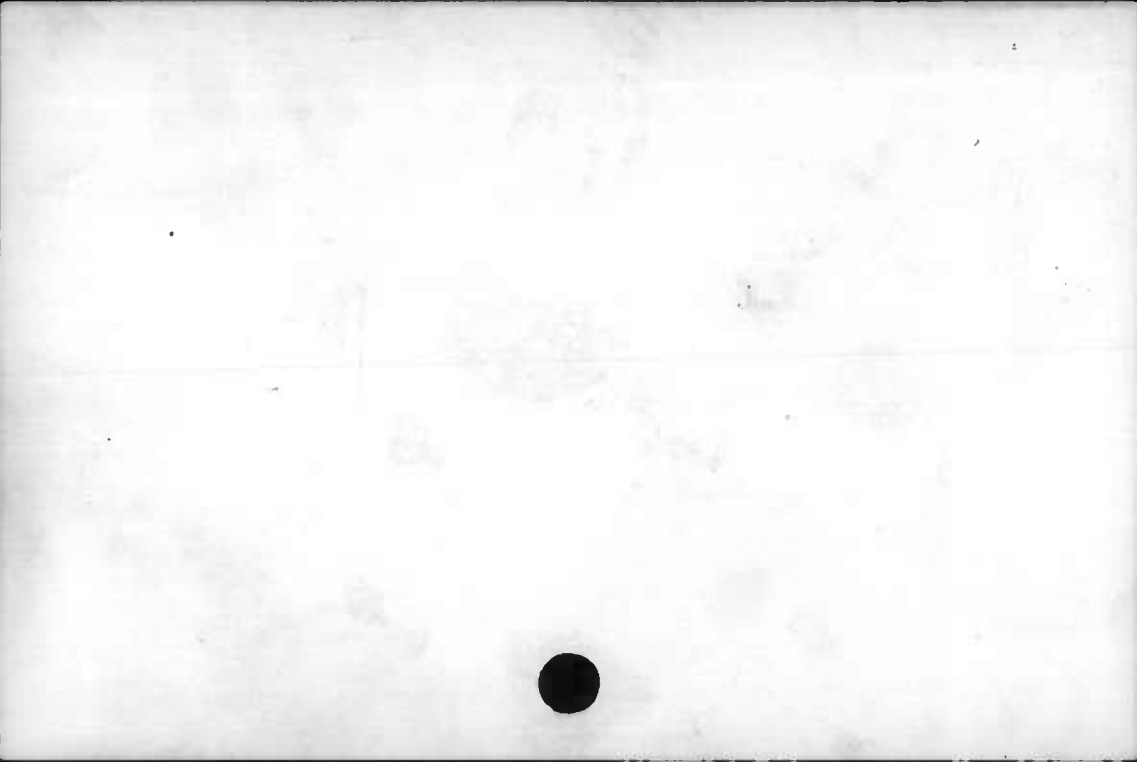
How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Magdon Edward M.D.  
West River MdAccident or Suicide Neither



Name  
in  
Full

## CERTIFICATE OF DEATH

Sidman Brown

Town

County

MARYLAND

Died at

Annapolis Annapolis

Date

of death

1909 May

Month

Day

Age

Years

Months

Days

42

Sex

Female

Color or  
Race

Colored

Birth-  
place

Annapolis

Occupation

Domestic

Where Residing if not  
at place of death

1425 Smith St.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Sue Brown

Father's  
Name

John H. Brown

Father's  
Birthplace

Annapolis

Mother's  
Maide Name

Alice Young

Mother's  
Birthplace

"

Name of person giving  
Information

Sue Brown

How related  
to deceased

Trustee

## CAUSES OF DEATH

42

Primary

Carcinoma Uteri

How long

One year

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

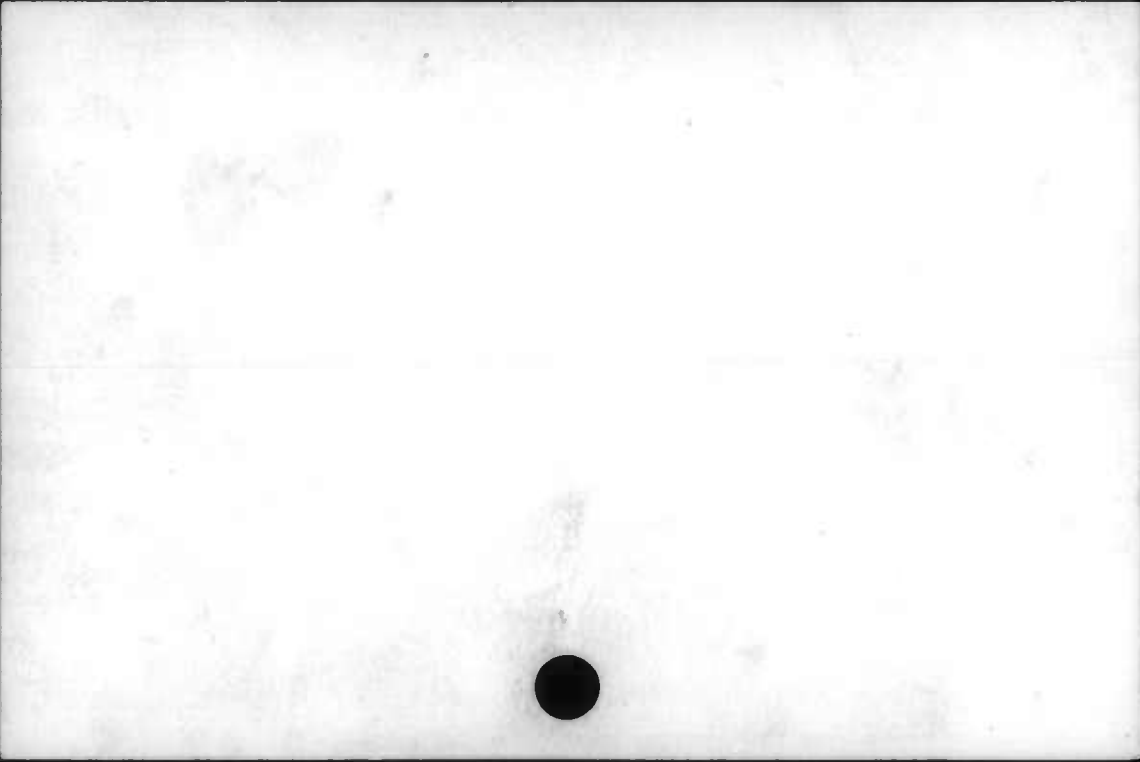
Address

B. P. Temple  
601 Catharine St  
Annapolis Md

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mary Elizabeth Bull

Died at *Shady Side*

Town

County

*Anne Arundel*

MARYLAND

Date

of death

1909

Month

*May*

Day

*9th*

Age

Years

*74*

Months

*4*

Days

*26*

Sex

*Female*Color or  
Race*White*Birth-  
place*Accomac Co. Va.*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of ~~Wife or~~  
Husband*Thomas Bull.*Father's  
Name*Edward Taylor*Father's  
Birthplace*Va.*Mother's  
Maiden Name*Sarah McMurth*Mother's  
Birthplace*Va.*Name of person giving  
Information*Sarah McMurth Ford*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Chronic Interstitial Pneumonia - Gripp-*

How long

*5 weeks -*

Immediate

*Heart failure*

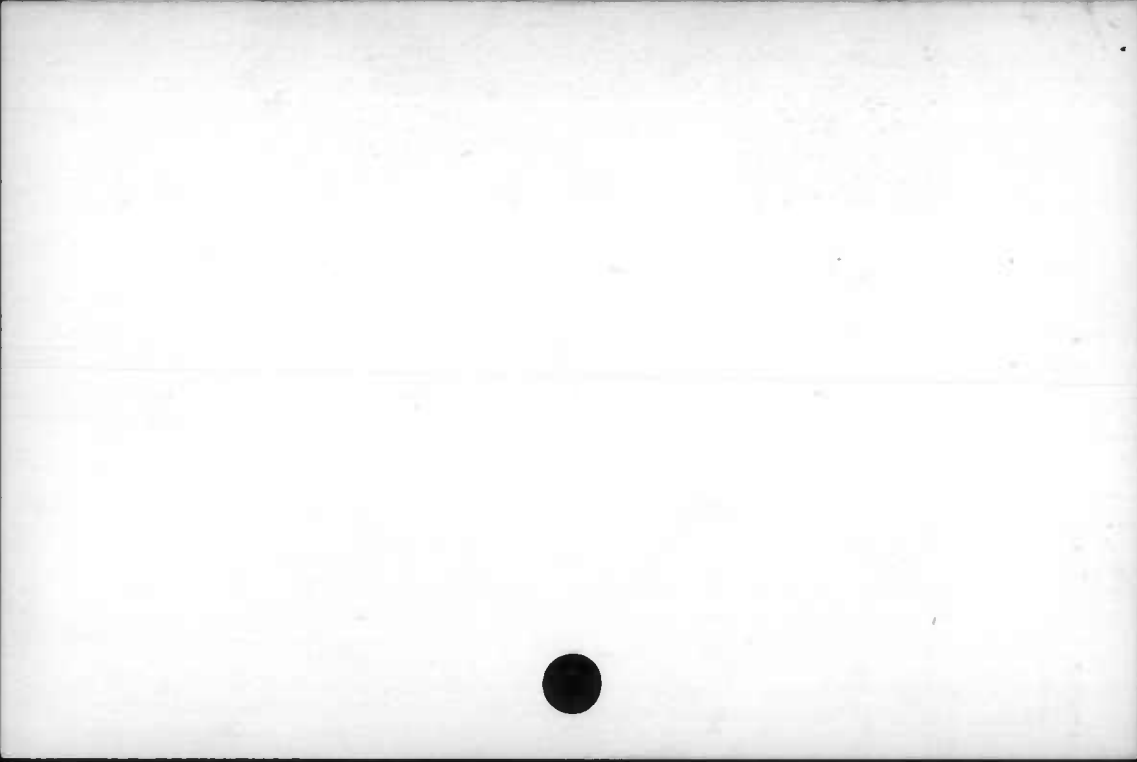
How long

*48 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes.*Signature of  
Physician*J. R. W. Wilson M.D.*

Address

*B Lurchton, Md.*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Hannah Warner Bussey

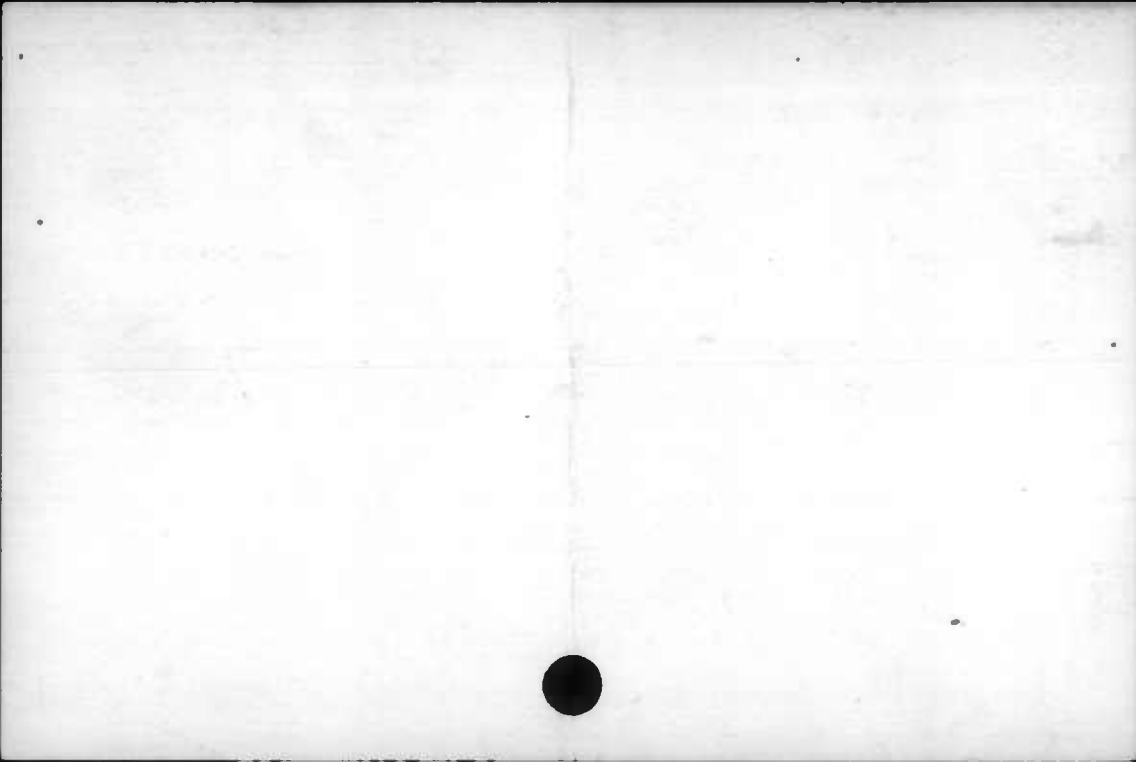
Died at <sup>Town</sup> near Churchton <sup>County</sup> Anne Arundel MARYLANDDate of death 1909 <sup>Month</sup> May <sup>Day</sup> 9th <sup>Age</sup> 83 <sup>Years</sup> <sup>Months</sup> 9 <sup>Days</sup> 22Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> Savannah, Ga.Occupation Housewife <sup>Where Residing if not at place of death</sup>~~Married, Single or Widowed~~ Widowed <sup>Name of Wife or Husband</sup> Robert H BusseyFather's Name William G. Latimer <sup>Father's Birthplace</sup> Philadelphia Pa.Mother's Maiden Name Mary Collins <sup>Mother's Birthplace</sup> Philadelphia Pa.Name of person giving Information Robert H Bussey <sup>How related to deceased</sup> Son -

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONERPrimary Old Age <sup>How long</sup> —  
Immediate Pulmonary Edema Heart Failure <sup>How long</sup> 48 hoursAre the name, age, sex, color, date and place correctly given above? Yes - <sup>Signature of Physician</sup> G. P. W. Wilson M.D.<sup>Address</sup> Churchton Md

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name **Mack Clarkson** Town **West River** County **Anne Arundel** MARYLAND

Died at **West River** Date of death **1909** Month **5** Day **25** Age **7.5** Years Months Days

Sex **Male** Color or Race **Black** Birth-place **West River**

Occupation **Farm-hand** Where Residing if not at place of death **—**

Married, ~~Single~~ **Married** Name of Wife or Husband **Leety Clarkson**

Father's Name **Not Known** Father's Birthplace **Del Co**

Mother's Maiden Name **Not Known** Mother's Birthplace **Unknown**

Name of person giving information **Nat. Harris** How related to deceased **None**

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary **Mitral Disease of Heart** How long **5-6 yrs**

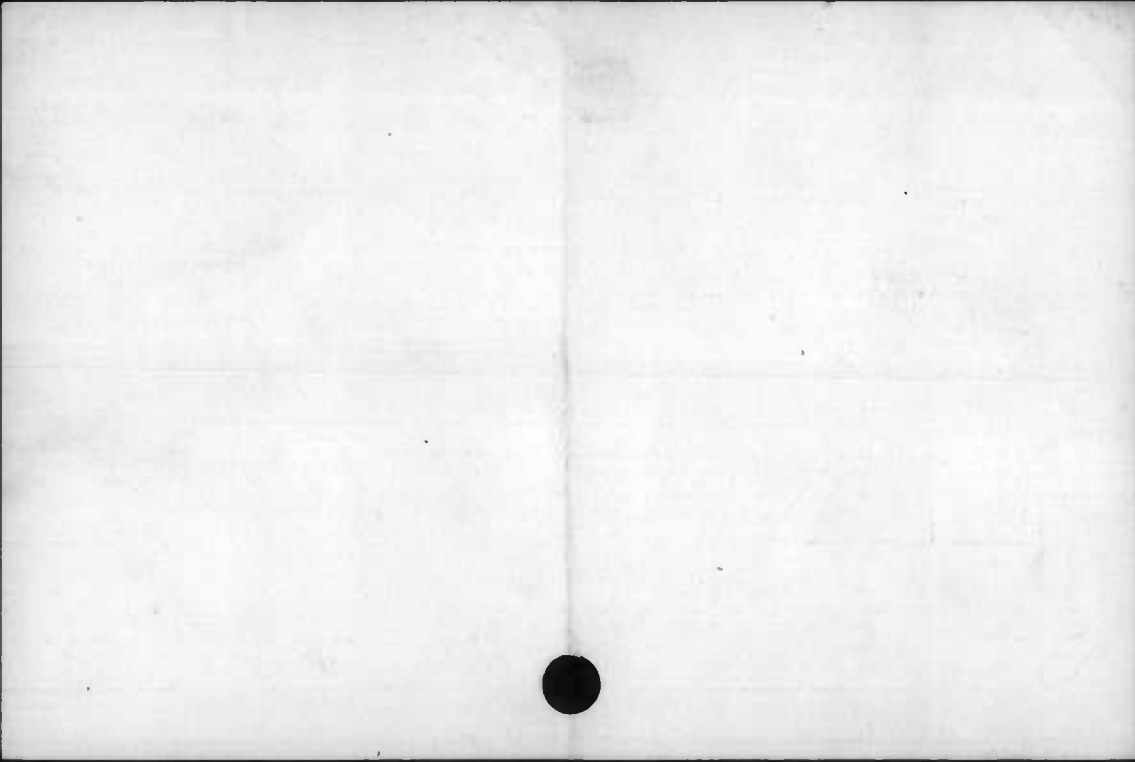
Immediate **Cardiac Insufficiency** How long **3 Minutes**

Are the name, age, sex, color, date and place correctly given above?

**Yes** Signature of Physician **Maclean Edward W N**

**Yes** Address **West River Md**

Accident or Suicide?



Name  
in  
Full

William David Daily

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Bear Dorsey<sup>County</sup> Anne Arundell

MARYLAND

Date of death 1909 May 19

Day

Age 33

Years

Months

Days

Sex Male

Color or Race

Colored

Birth-place

Howard Md

Occupation

Laborer

Where Residing if not at place of death

Died Where Residing

Married, single or Widowed

Widowed

Name of Wife or Husband

Wife dead

Father's Name

Nathan Daily

Father's Birthplace

Howard Md

Mother's Maiden Name

Mary Snowden

Mother's Birthplace

Howard Md

Name of person giving information

George Daily

How related to deceased

Brother

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Exhaustion

How long

One month

Are the name, age, sex, color, date and place correctly given above?

Yes

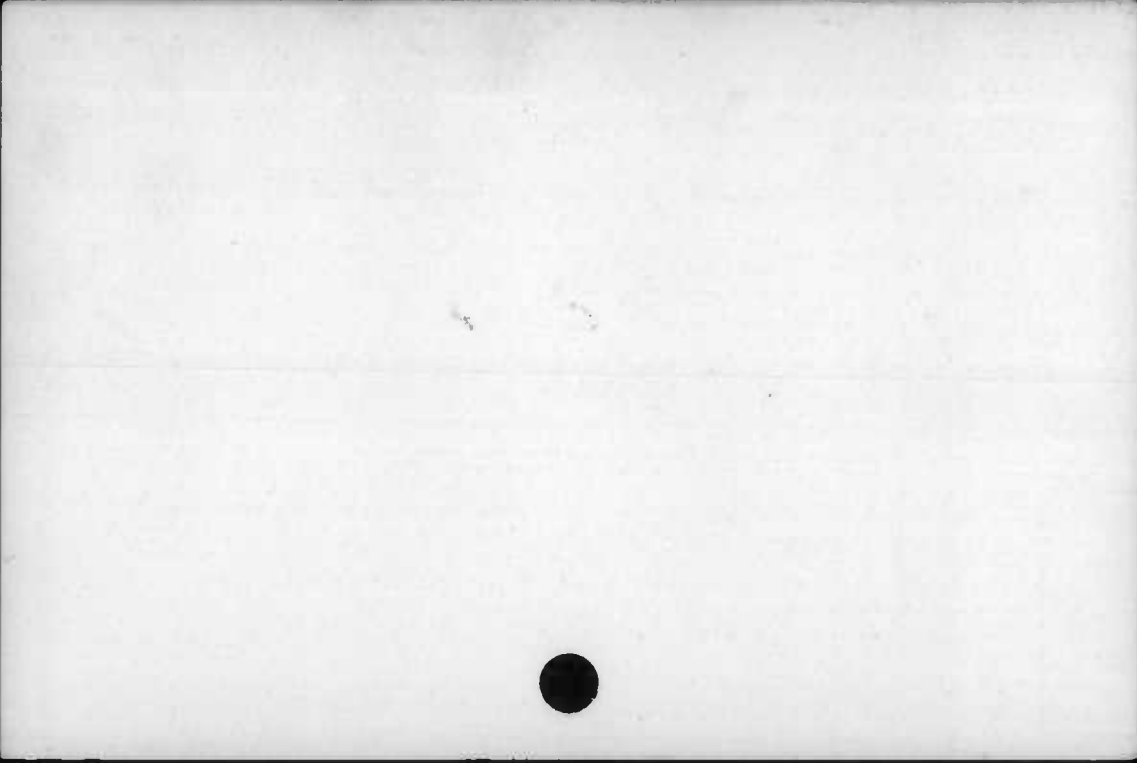
Signature of Physician

C. R. Winterson

Address

Hanover Md

Accident or Suicide?





Name  
in  
Full

Charles Davage.

CERTIFICATE OF DEATH

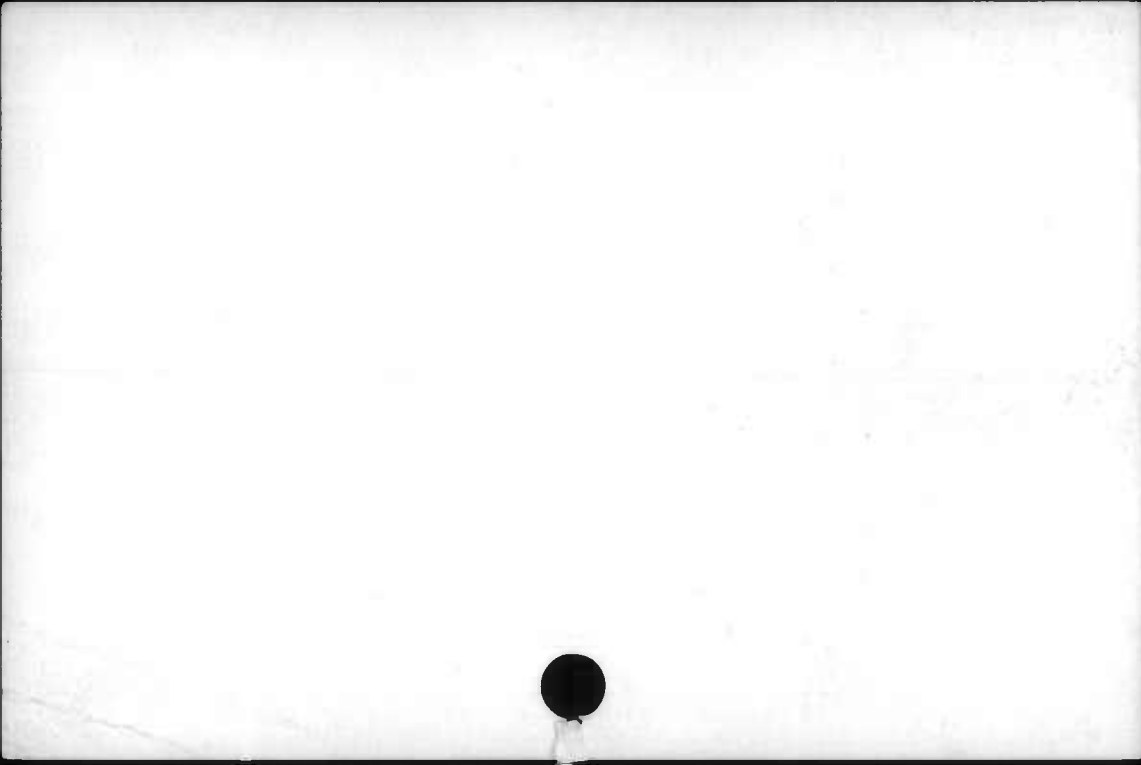
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town		County		State	
Annapolis		A-		A-		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		May	23	80	8	4	
Sex	Male	Color or Race	Colored	Birth-place	Davidsonville Md		
Occupation	Messenger			Where Residing if not at place of death	103 Colledge Ave.		
Married, Single or Widowed	Married	Name of Wife or Husband	Hannah Davage.				
Father's Name	James Davage			Father's Birthplace	Davidsonville Md		
Mother's Maiden Name	Sophia Wells			Mother's Birthplace	Davidsonville Md		
Name of person giving Information	Hannah Davage			How related to deceased	Wife		

Asbury Cmt.

## CAUSES OF DEATH

Primary	Strangulated Hernia		How long	one week
Immediate	Athermia (Post operative)		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
yes		Jms Welch	Annapolis	
Accident or Suicide				



Name  
In  
Full

George E Day

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County <i>a a</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>6</i>		Age <i>33</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>a a lo md.</i>			
Occupation <i>Laborer</i>		Where Residing If not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Louise Day</i>					
Father's Name <i>Lorancer Day</i>		Father's Birthplace <i>a a lo hi</i>					
Mother's Maiden Name <i>Mary Loodles</i>		Mother's Birthplace <i>a a lo md.</i>					
Name of person giving Information <i>Mary Loodles</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>9 days.</i>
Immediate <i>Cardiac Failure</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. P. Reese</i>
	Address <i>60 Central St Annapolis Md</i>
Accident or Suicide	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

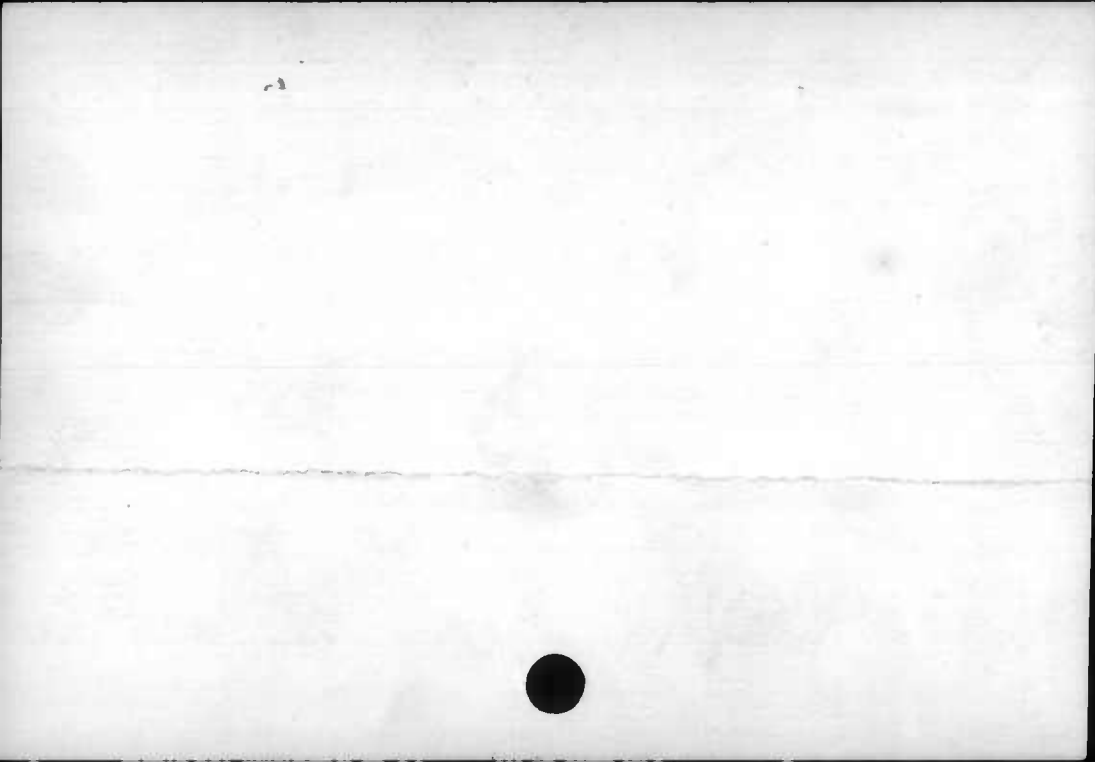
Name in Full <i>John Thomas Riggs</i>		Town <i>Walden</i>		County <i>A.A.</i>		MARYLAND	
Died at <i>Walden</i>		Month <i>May</i>		Day <i>2</i>		Years <i>70</i>	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>2</i>		Years <i>70</i>	
Sex <i>Male</i>		Color or Race <i>B.</i>		Birth-place <i>A.A.Co.</i>		Months <i>—</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death		Days <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Riggs</i>		Father's Birthplace <i>A.A.Co.</i>			
Father's Name <i>John H. Riggs</i>		Mother's Maiden Name <i>Margaret A. Donohue</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Edac Hall</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary	<i>Pyelitis</i>	How long	<i>one wk.</i>
Immediate	<i>Perforation</i>	How long	<i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. B. Gault M.D.</i>	
<i>Yes</i>		Address <i>Millersville</i>	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Friendship</i> Town <i>Q. Q.</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>3</i>	Years <i>19</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Months <i>7</i>	Days <i>18</i>
Occupation <i>Cysterman</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>James Dorsey</i>	Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Mary Davis</i>	Mother's Birthplace <i>MD</i>		
Name of person giving Information <i>James Brown</i>	How related to deceased <i>Friend</i>		

## CAUSES OF DEATH

Primary ☒ *Interstitial Nephritis*

Immediate *Heart exhaustion*

How long

*Several months*

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

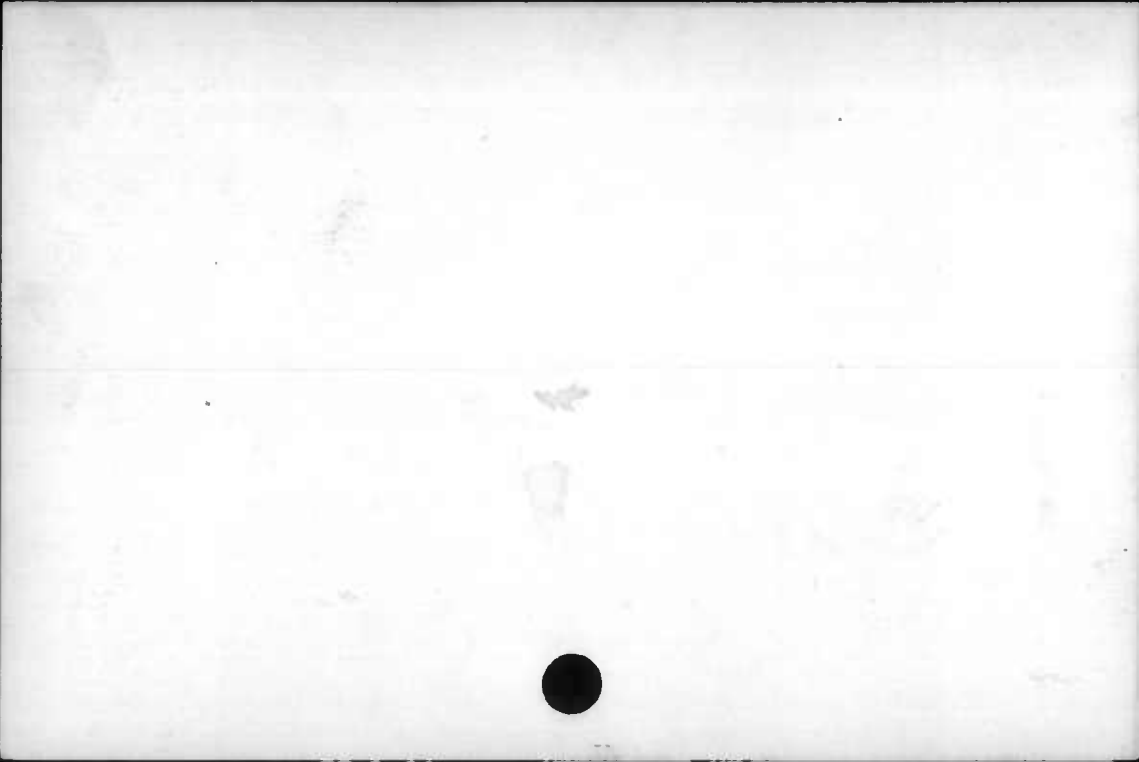
Signature of Physician

Address

*L Brayshaw*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Carrie Dorsey.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Camp Parole			a - a -			
Date of death	1909	Month	May	Day	7	Age
25		Years		Months		Days
Sex	Female	Color or Race	Colored		Birth-place	Camp Parole
Occupation	Maid		Where Residing if not at place of death		Camp Parole	
Married, Single or Widowed	Married		Name of Wife or Husband Joseph Dorsey.			
Father's Name	Samuel Spriggs		Father's Birthplace Camp Parole			
Mother's Maiden Name	Frances Carhenter		Mother's Birthplace Annapolis			
Name of person giving Information	Frances Spriggs		How related to deceased Mother.			

PHYSICIAN  
OR CORONER

Macadonia Cent.		CAUSES OF DEATH		64	
Primary	Cerebral Apoplexy		How long	3 weeks	
Immediate	Apoplexy		How long	One week	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		J. B. Rye
Address		C. C. Cathers			
Accident or Suicide		Annapolis			



Name  
in  
Full

Florence Stallings Duwall

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Brownsville

A. A. -

Date

Month

Day

Years

Months

Days

of death

1909

May

28

Age

54

Sex

Female

Color or  
Race

White

Birth-  
place

A. A. Co. Md.

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Richard H. Duwall

Father's  
Name

George W. Stallings

Father's  
Birthplace

A. A. Co. Md.

Mother's  
Maiden Name

Layah E. Nutwell

Mother's  
Birthplace

" " " "

Name of person giving  
Information

Melvin Duwall

How related  
to deceased

Cousin

## CAUSES OF DEATH

Primary

Cancer of Breast

How long

one year

Immediate

Coma

How long

24 hrs -

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

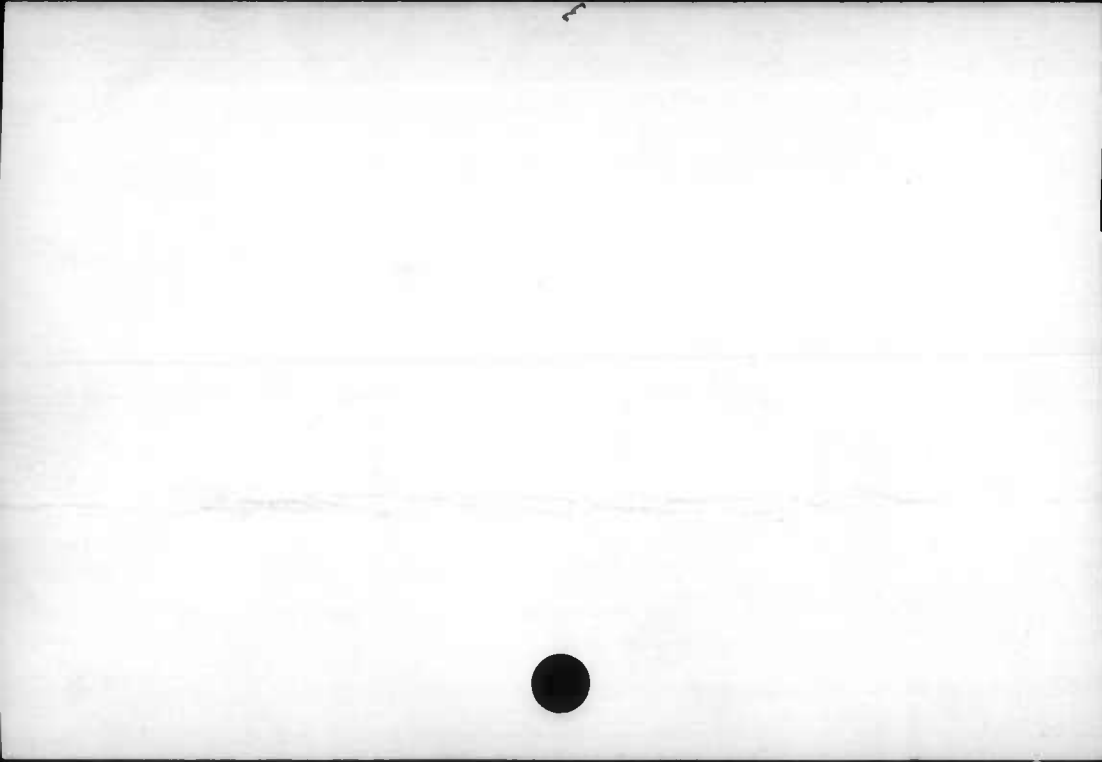
Signature of  
Physician

H. B. Grant M.D.

Address

Brownsville Md.

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

William Brewster Gardiner

Town

County

MARYLAND

Died at

Annapolis

Anne Arundel

Date

of death

1909

Month

May

Day

5

Age

Years

74

Months

5

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Annapolis

Occupation

Contractor

Where Residing if not  
at place of deathMarried, ~~Single~~  
or ~~Widowed~~

Married

Name of Wife or  
Husband

Eveline Benjamin

Father's  
Name

Thomas Gardiner

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Susan Brewer

Mother's  
Birthplace

11

Name of person giving  
Information

Arthur M. Jones

How related  
to deceased

Son-in-law

## CAUSES OF DEATH

Primary

Malaria

How long

4 days

Immediate

Cerebral Hemorrhage

How long

Immediate

Are the name, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

Address

Wm. G. Ridout

Annapolis

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

A. B. J. Garver (Garver)

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Ann of his Ann Ann

Date

of death

1909 May 11 Age 69

Month

Day

Years

Months

Days

Sex

Male

Color or  
Race

Colored

Birth  
place

Carlisle Pa

Occupation

Painter

Where residing if not  
at place of death

73 E. West St

Married, Single  
Widowed

Married

Name of Wife or  
Husband

Lester

Father's  
Name

Jacob Garver

Father's  
Birthplace

Prussia

Mother's  
Maiden Name

Ann M. Ellison

Mother's  
Birthplace

Prussia

Name of person giving  
Information

Alfred Garver

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Apoplexy

How long

2 weeks

Immediate

Cardiac

How long

48 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

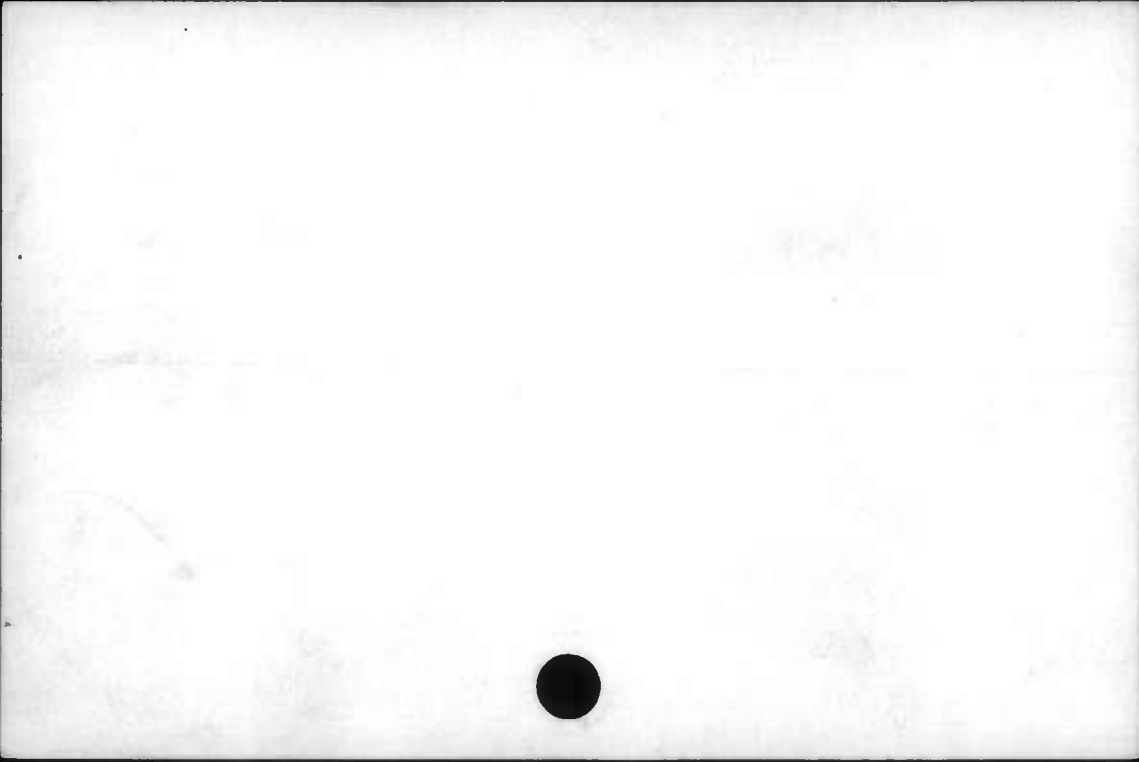
A. B. J. Garver  
600 E. 1st St.  
Annapolis Md

Accident or Suicide

no

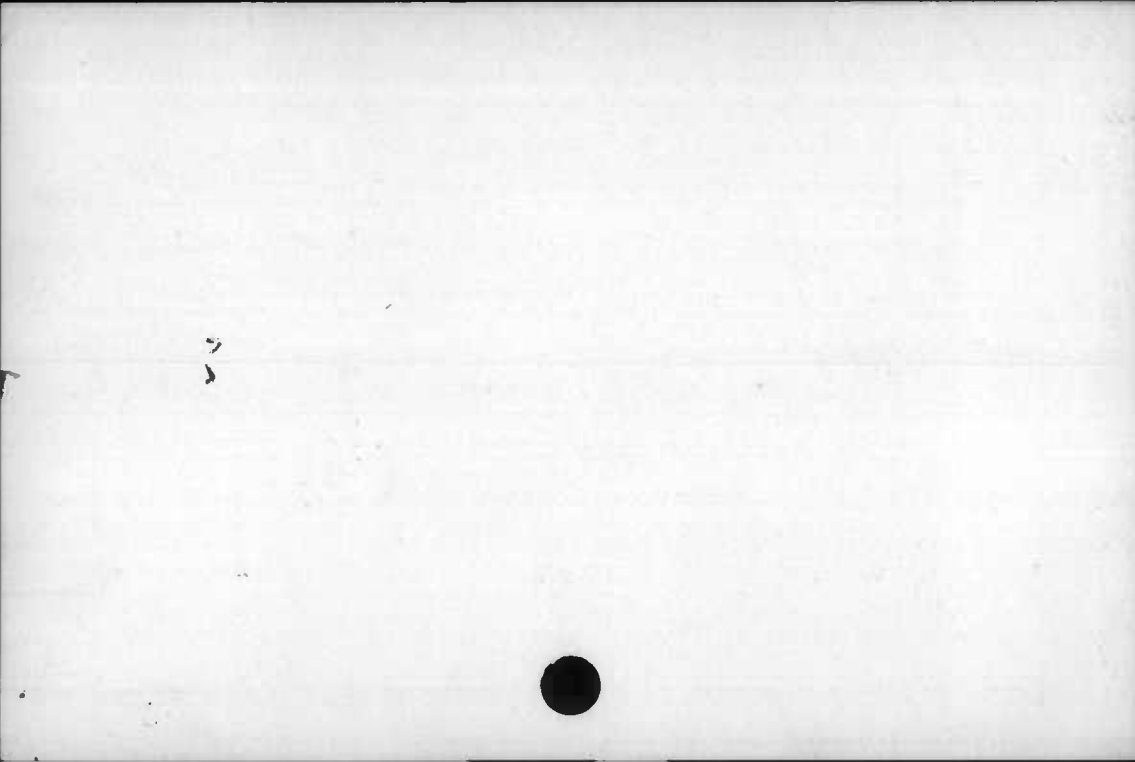
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name in Full		Katharine Gonski				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	E. Brooklyn		A		A		
	Date of death	Month	Day	Age	Years	Months	Days
	1909	May	18	1	1	2	
	Sex	Color or Race		Birth-place			
	Female	white		Md.			
	Occupation	Where Residing if not at place of death					
	Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Father's Birthplace					
Antone Gonski		German					
Mother's Maiden Name		Mother's Birthplace					
Kath Kuslowski		"					
Name of person giving information		How related to deceased					
Antone Gonski		Father					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia		How long		7 days
	Immediate		Heart Failure		How long		at once
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Thos B. Horton M.D.
					Address		50. B. atty, Md.
	Accident or Suicide?						



Name  
in  
Full

*Armin Green*

CERTIFICATE OF DEATH

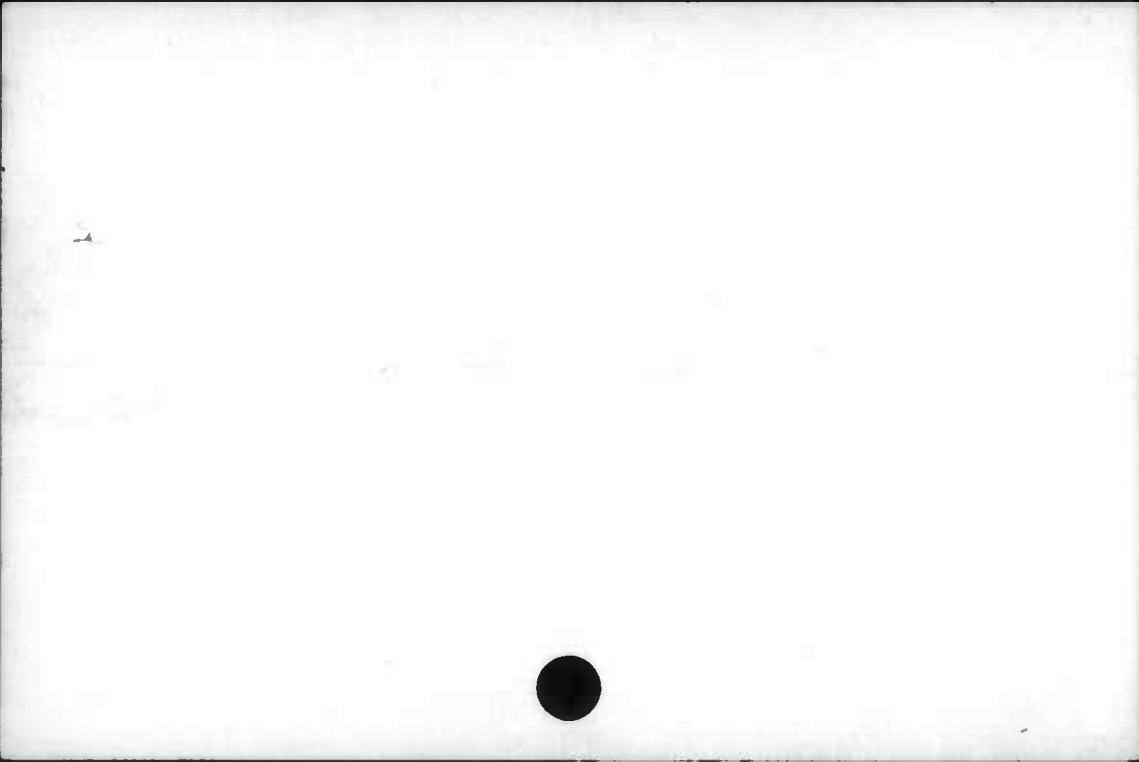
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County		State <i>MARYLAND</i>	
Date of death	1909	Month	May	Day	17	Age	46
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>3rd and D St</i>
Occupation	<i>Laborman</i>		Where Residing if not at place of death <i>26 Gotts Court</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i><del>Louise Green</del></i>				
Father's Name	<i>Samuel Green</i>					Father's Birthplace	<i>A.A.C. Ind</i>
Mother's Maiden Name	<i>Phoebe Fryer Stearns</i>					Mother's Birthplace	<i>A.A.C. Ind</i>
Name of person giving Information	<i>Louise Green</i>					How related to deceased	<i>Sister</i>

CAUSES OF DEATH

Primary	<i>Chronic Nephritis</i>		How long	<i>120</i>
Immediate	<i>Membrane Heart Failure</i>		How long	<i>Months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>John Ridout</i>		
		Address <i>Annapolis Md</i>		
Accident or Suicide				

PHYSICIAN  
OR CORONER



Name  
In  
Full

## CERTIFICATE OF DEATH

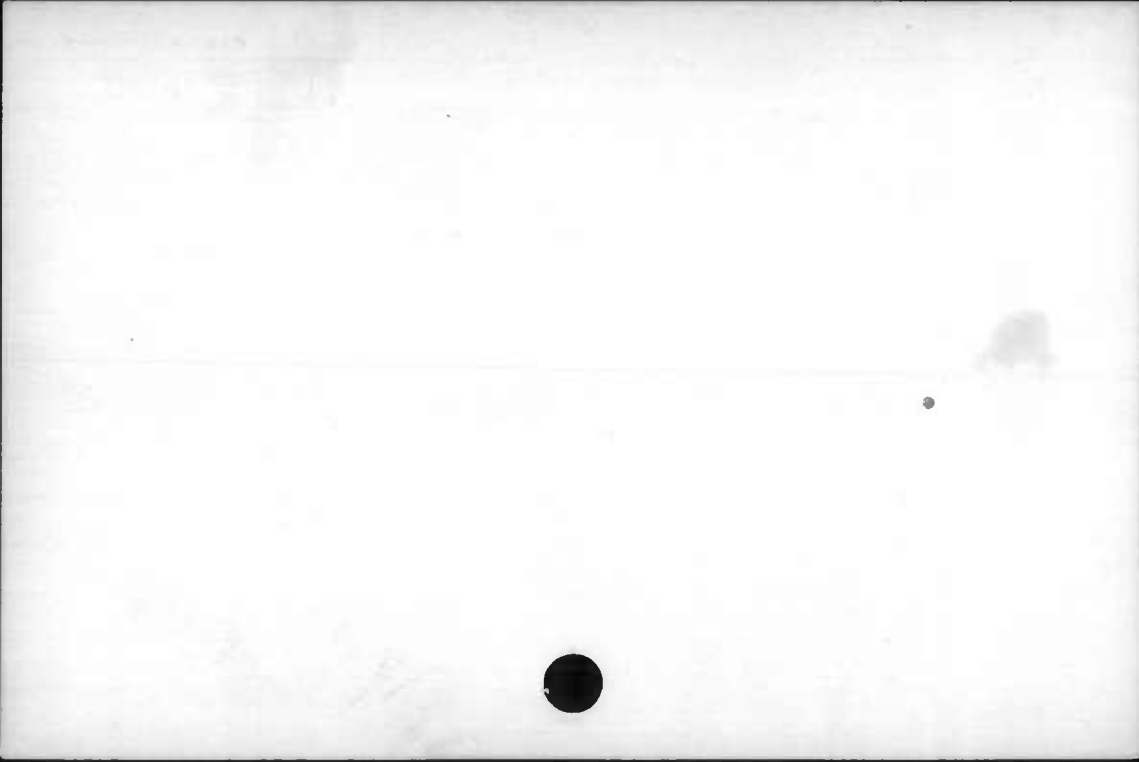
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Green, (Still Born)</i>		County <i>A. C.</i>		MARYLAND	
Town <i>Dandenville</i>		Years <i>—</i>		Months <i>—</i>	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>24</i>	Age <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Dandenville</i>	
Occupation <i>—</i>			Where Reading if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Chas Compton</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Rebecca Green</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>Susan Green</i>			How related to deceased <i>Aunt</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>This is Still Born Case</i>	How long <i>8</i>
Immediate <i>Yes</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Murphy.</i>
	Address <i>Annapolis Md.</i>
Accident or Suicida <i>—</i>	



Name  
in  
Full

Katherine Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brooklyn</u> <sup>Town</sup>		<u>a. a.</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u>	Month	<u>May</u>	Day	<u>5th</u>
Age	<u>30</u>	Years	<u>30</u>	Months	<u>1</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Baltimore</u>
Occupation	<u>Box maker.</u>		Where Residing if not at place of death <u>122 N. Clement.</u>		
<del>Married</del> Single	Name of Wife or Husband				
Father's Name	<u>Adolf Harris</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Maria Langhans</u>			Mother's Birthplace	<u>Ger</u>
Name of person giving information	<u>Mrs. Lina White</u>			How related to deceased	<u>Sister</u>

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<u>Complication of Diseases</u>	How long	<u>Five years</u>
Immediate	<u>Heart Failure.</u>	How long	<u>1 hr.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Wesley Cole M.D.</u>
		Address	<u>2202 Garrison Ave</u>
			<u>Baltimore</u>
Accident or Suicide?	<u>—</u>		

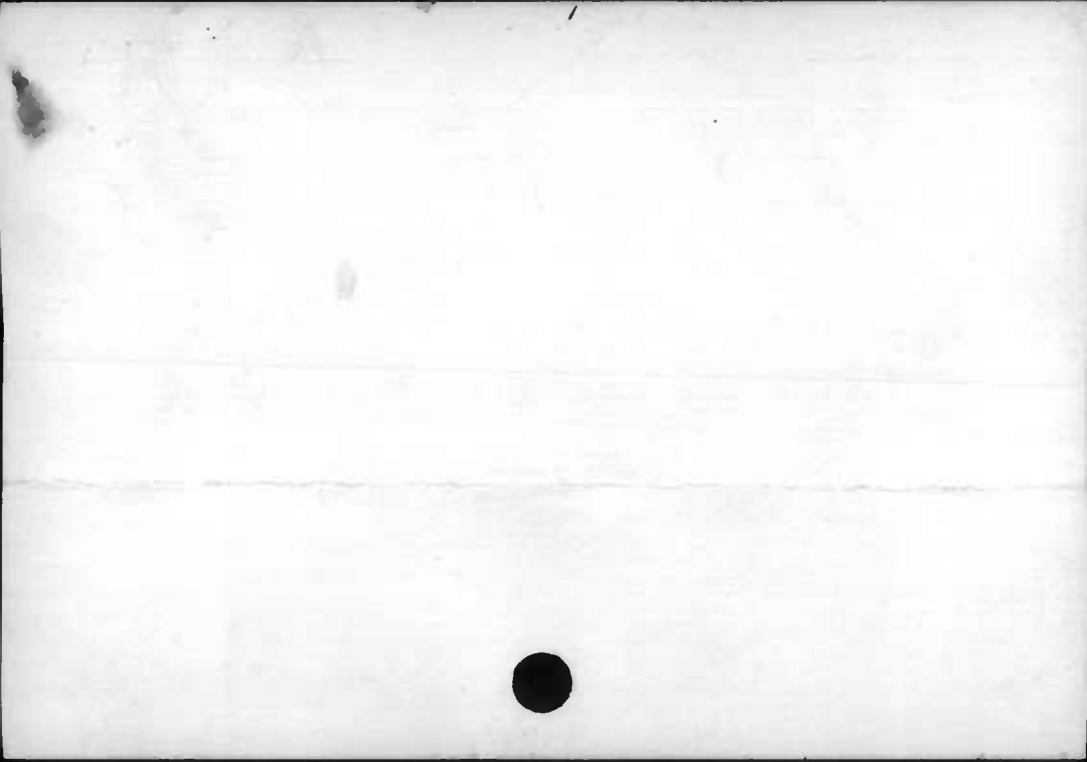




Name in Full <b>Julius Hilary</b>		Town <b>Milwaukee</b>		County <b>Anne Arundel</b>		MAYLAND	
Died at <b>Milwaukee</b>		Month <b>May</b>		Day <b>12</b>		Years <b>65</b>	
Date of death <b>1909</b>		Month <b>May</b>		Day <b>12</b>		Age <b>65</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>P. G. Co. Md.</b>			
Occupation <b>Mechanic</b>		Where Residing if not at place of death <b>-</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>-</b>					
Father's Name <b>Lieut. Hilary</b>		Father's Birthplace <b>Md</b>					
Mother's Maiden Name <b>B. Warren</b>		Mother's Birthplace <b>Md</b>					
Name of person giving Information <b>S. S. Parsons</b>		How related to deceased <b>Niece</b>					
CAUSES OF DEATH							
Primary <b>Acute Indigestion</b>		How long <b>4 days</b>					
Immediate <b>Heart Failure</b>		How long <b>-</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>H. J. B. Grant</b>		Address <b>Milwaukee Md</b>			
Accident or Suicide <b>-</b>							

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

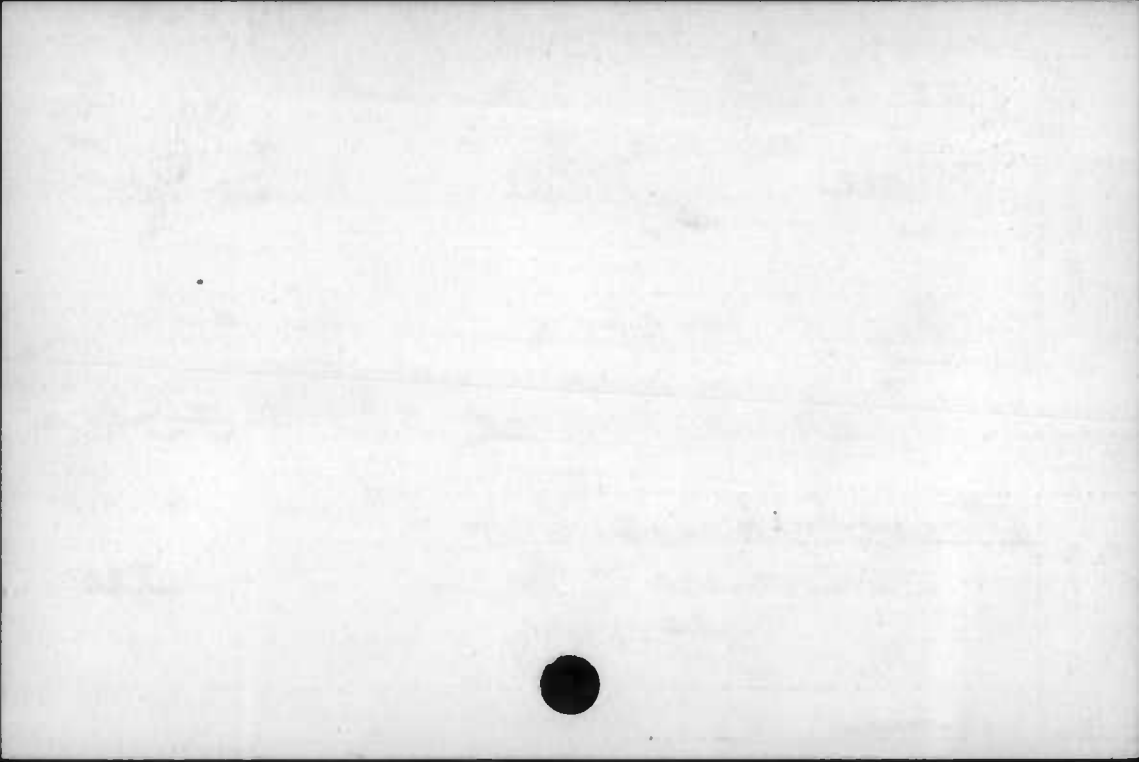
TO BE ANSWERED BY  
NEAREST FRIEND

Name Thomas Howard County Anne Arundel  
 Died at Frogs Town  
 Date of death 1909 Month May Day 22 Age 41 Years Months Days  
 Sex Male Color or Race Black Birth-place Unknown  
 Occupation Laborer Where Residing if not at place of death at place of death  
 Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_  
 Father's Name Unknown Father's Birthplace \_\_\_\_\_  
 Mother's Maiden Name Unknown Mother's Birthplace \_\_\_\_\_  
 Name of person giving information C. H. Pender How related to deceased not at all

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Convulsions - Epilepsy How long 13 years  
 Immediate Convulsions - How long 3 days  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician C. H. Pender  
 Address Laurel  
 Accident or Suicide? No



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

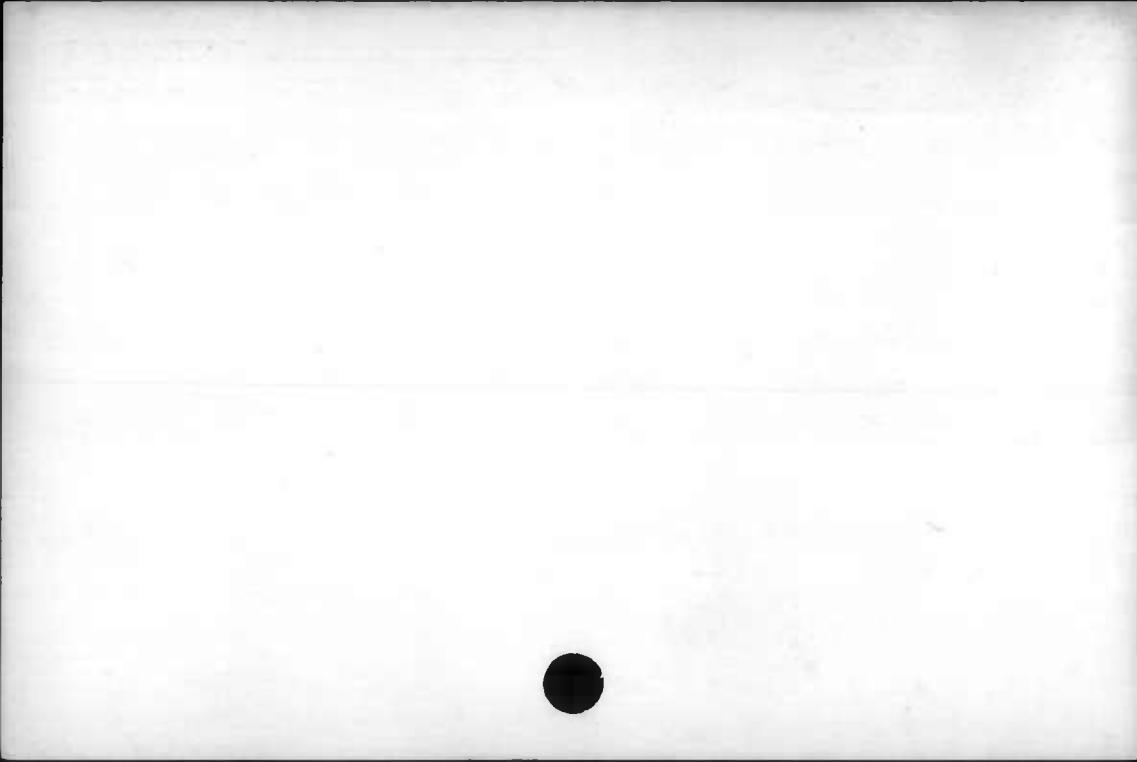
Name in Full <i>Maria Jackson</i>		Town <i>Leon</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Leon</i>		Month <i>May</i>		Day <i>5</i>		Age <i>70</i>	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>5</i>		Age <i>70</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Md.</i>			
Occupation <i>House work</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>John Henry Jackson</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>David Hall</i>		How related to deceased <i>Friend</i>					


## CAUSES OF DEATH

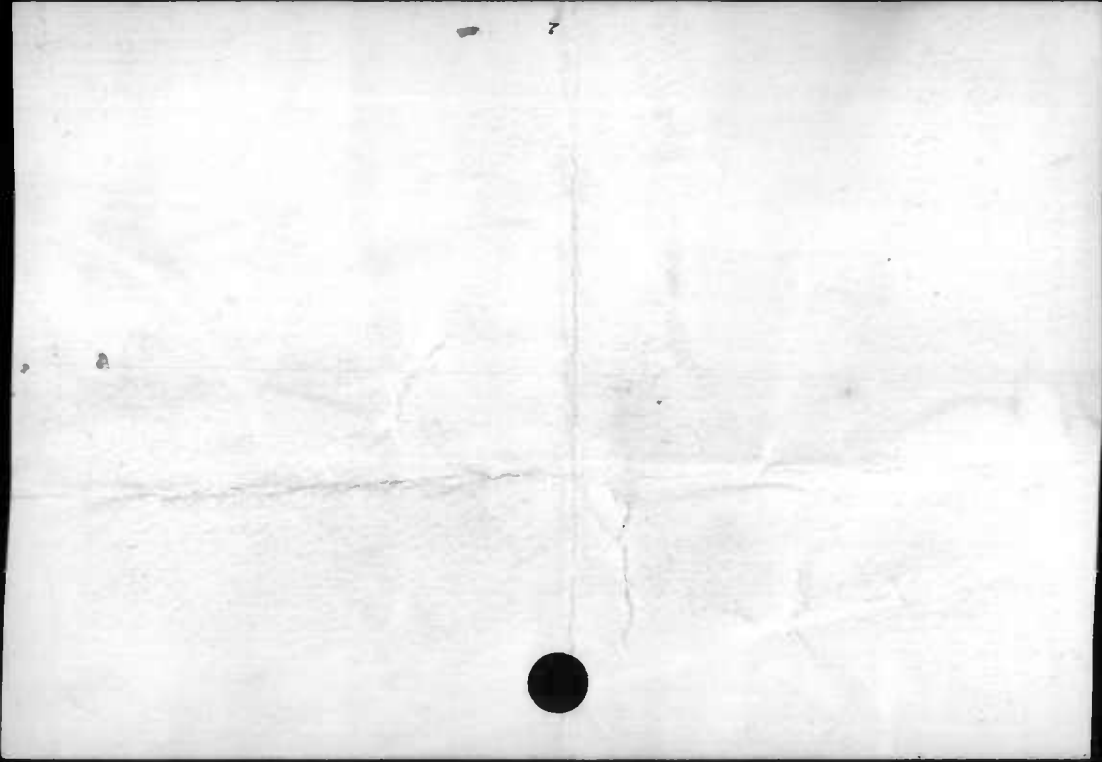
64

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Few minute</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Perrie</i>
	Address <i>McKendree</i>
Accident or Suicide <i></i>	<i>Md.</i>



Name in Full		Sur Machael Jacobs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Millersville	County a-a-		MARYLAND		
	Date of death	1909	Month May	Day 22	Age 38	Months 0	Days
	Sex	Female		Color of Race	B-		
	Occupation	Housewife		Where Residing if not at Place of death	G-A-Co.		
	Married, Single or Widowed	Married		Name of Wife or Husband	Wm Jacobs		
	Father's Name	Isaac Machael		Father's Birthplace	Calverton		
	Mother's Maiden Name	Julia Garrett		Mother's Birthplace	G-A-Co-		
Name of person giving Information	Wm Jacobs		How related to deceased	husband			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Bright's disease				How long	Two mo-
	Immediata					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes-		Signature of Physician	H.B. Gantt	
					Address	Millersville	
<div style="text-align: center;">  </div>							
Accident or Suicida							





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary Jennings

Town

County

MARYLAND

Died at

Camp Grove

Month

Day

Years

Months

Days

Date

of death

1909 May

Age

28

Sex

Female

Color or  
Race

Colored

Birth-  
place

H A Co Md

Occupation

House Wife

Where Reaiding if not  
at place of dasthMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Louth Harris

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Nama

Hanna Anderson

Mother's  
Birthplace

Princy George Co.

Nama of person giving  
Information

Louth Harris

How raited  
to deceased

Husband

## CAUSES OF DEATH

61

Primary

Spinal Lepto-meningitis

How long

18 days

Immediate

Exhaustion

How long

5 days

Are the nama, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

P. P. Keese

Address

66 Cathedral

Annapolis Md.

Accident or Suicide

no.

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Charles Johnson*  
Town County *Annapolis Anne Arundel* MARYLAND

Died at *Annapolis Anne Arundel*

Date of death 1909 *May* *27* Age *24* Months Days

Sex *Male* Color or Race *Colored* Birth-place *Annapolis*

Occupation *Labourer* Where Residing if not at place of death *16 Bryan Alley*

Married, Single or Widowed *Married* Name of Wife or Husband *Harriet Johnson*

Father's Name *Robt Johnson* Father's Birthplace *A.A.C.*

Mother's Maiden Name *Bell Connor* Mother's Birthplace *" " "*

Name of person giving Information *Harriet Johnson* How related to deceased *wife*

CAUSES OF DEATH

Primary *Nephritis* How long *120* *8 months*

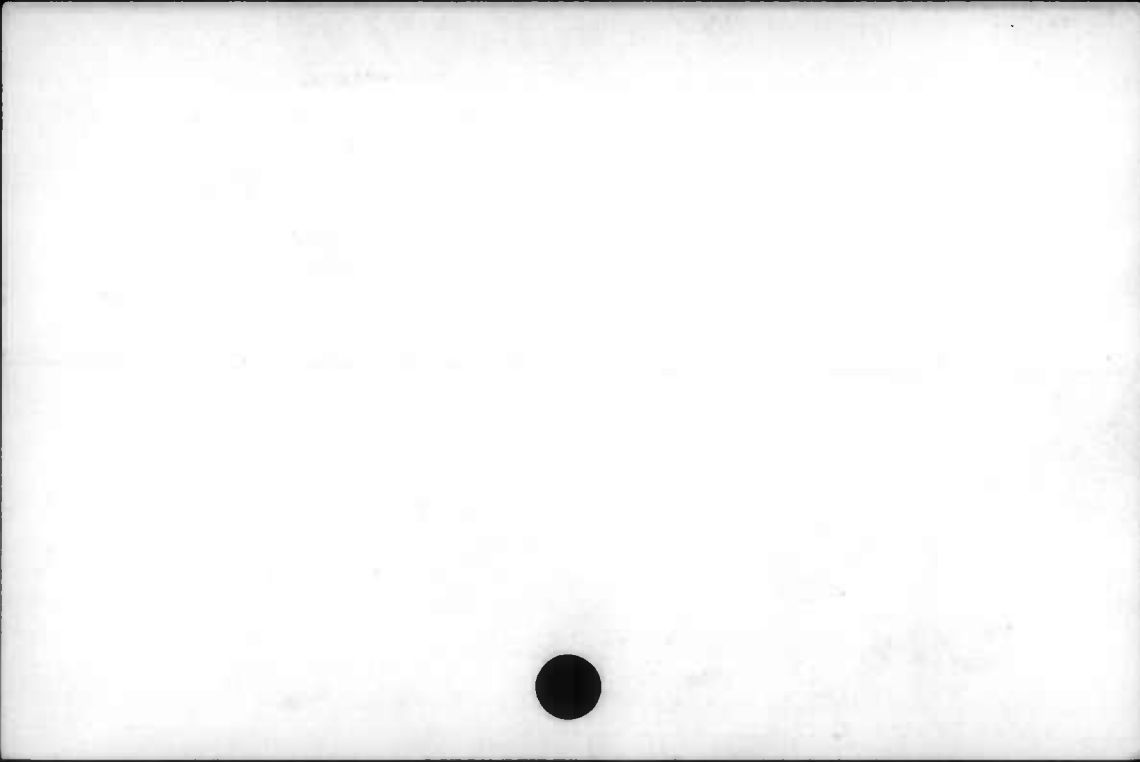
Immediate *Heart Failure* How long *a few minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P. D. Reyle* Address *60 Cathedral St. Annapolis*

Accident or Suicidal *no*

PHYSICIAN  
OR CORONER



Name  
in  
Full

Thomas Isiac Marven

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

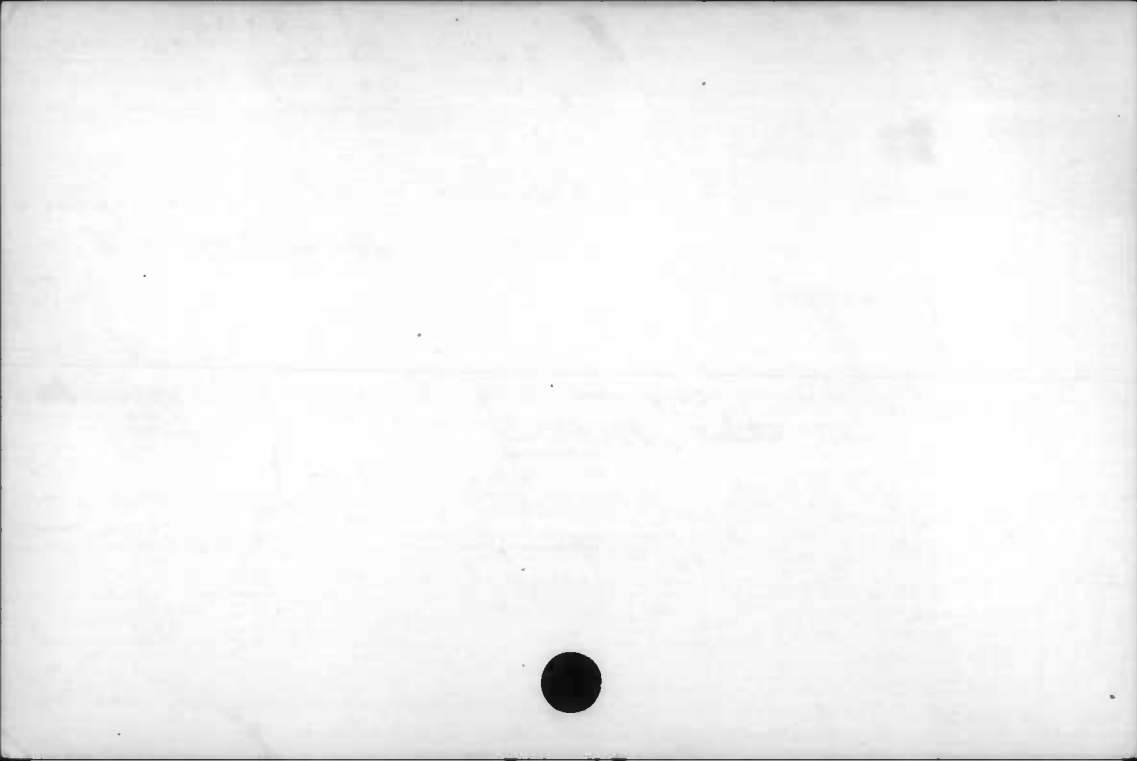
Died at <i>on Rock Creek</i>		Town <i>County</i>		Annie Arundel		MARYLAND	
Date of death	1909	Month	May	Day	2 <sup>nd</sup>	Years	Age about 25-
Sex	Male	Color or Race	Colored	Birth-place	Richmond. Va.	Months	Days
Occupation	Farm hand			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Unknown			Father's Birthplace Unknown			
Mother's Maiden Name	Unknown			Mother's Birthplace Unknown			
Name of person giving Information	James Juth			How related to deceased Farmer			

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary	<i>Gun shot wound through heart</i>	How long	<i>Immediate</i>
Immediate	<i>Syncope</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Belville J. Denlap</i>	
		Address	
		<i>Master of this Race</i>	
		<i>Acting as Coroner</i>	
		<i>P.O. Armington &amp; Co. C. Ind</i>	
Accident or Suicide, <i>No Homicidal</i>			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Still Born of John & Bertha Mobley

CERTIFICATE OF DEATH

Died at annapolis md a a CO MARYLAND

Date of death 190 29 May 17 Age — Months — Days —

Sex male Color or Race colored Birth-place annapolis md

Occupation — Where Residing if not at place of death 16 Blauy St

Married, Single or Widowed single Name of Wife or Husband —

Father's Name John Mobley Father's Birthplace annapolis md

Mother's Maiden Name Bertha Walker Mother's Birthplace annapolis md

Name of person giving Information Bertha Mobley How related to deceased mother

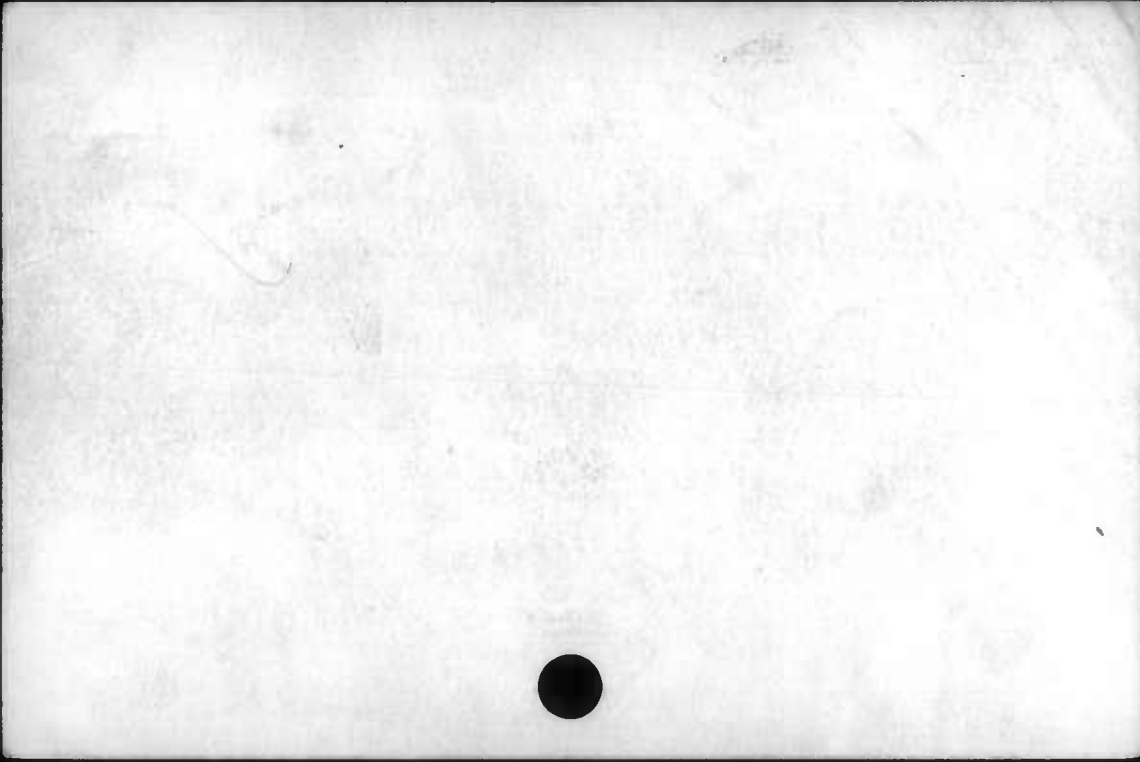
CAUSES OF DEATH

Primary still Born How long S.

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician R. P. Keese

Accident or Suicide no Address 60 Cathedral St Anne





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

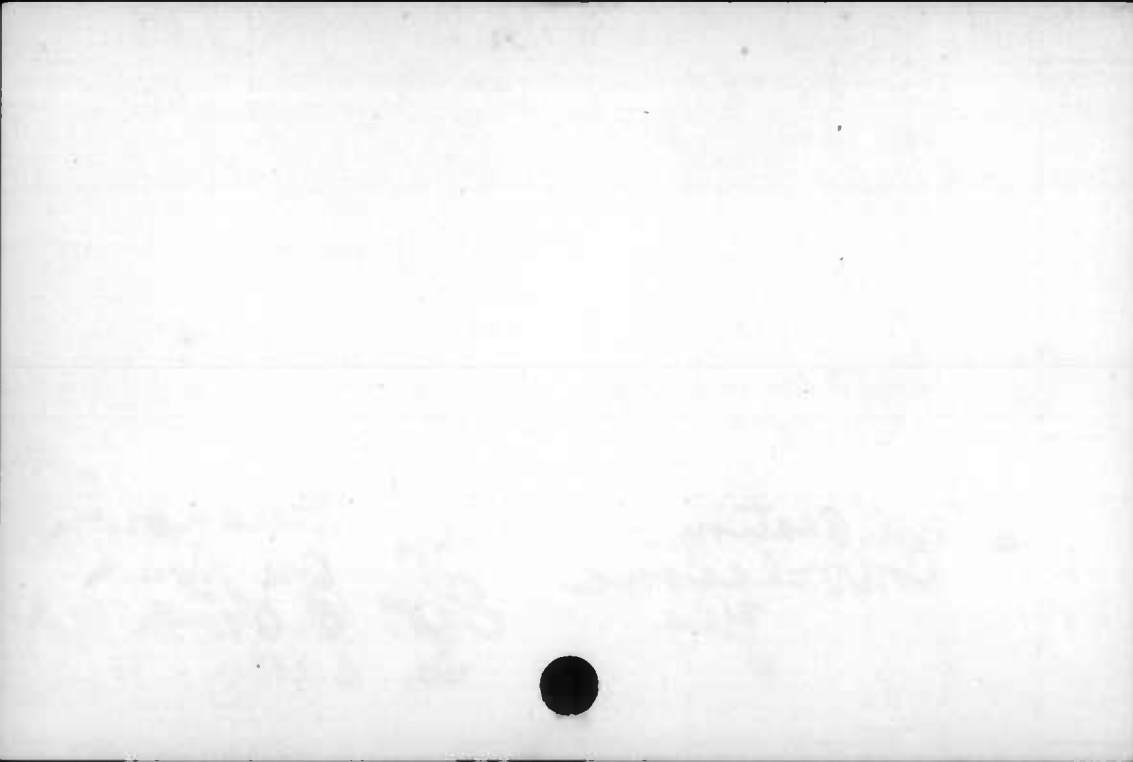
Name in Full <i>William Carroll Joseph Montbriand</i>		Town <i>Annapolis, Md.</i>		County <i>Anne Arundel</i>		STATE <b>MARYLAND</b>	
Died at		Date of death		Age		Months	
		<i>1909 May 22</i>		<i>28</i>		<i>5 12</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Williamsport, Pa.</i>			
Occupation <i>Paper-hanger</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George Edward Montbriand</i>		Father's Birthplace <i>Dorset, Mass.</i>					
Mother's Maiden Name <i>Sarah E. McDaniel</i>		Mother's Birthplace <i>Philad. Pa.</i>					
Name of person giving information <i>Demance Montbriand</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

54

PHYSICIAN  
OR CORONER

Primary	<i>Pernicious Anemia</i>	How long	<i>One year</i>
Immediate	<i>Asphyxia</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. Wells</i>	
<i>Yes</i>		Address <i>Annapolis, Maryland</i>	
Accident or Suicide? <i>No.</i>			



Name  
in  
Full

Rudolph. Musick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

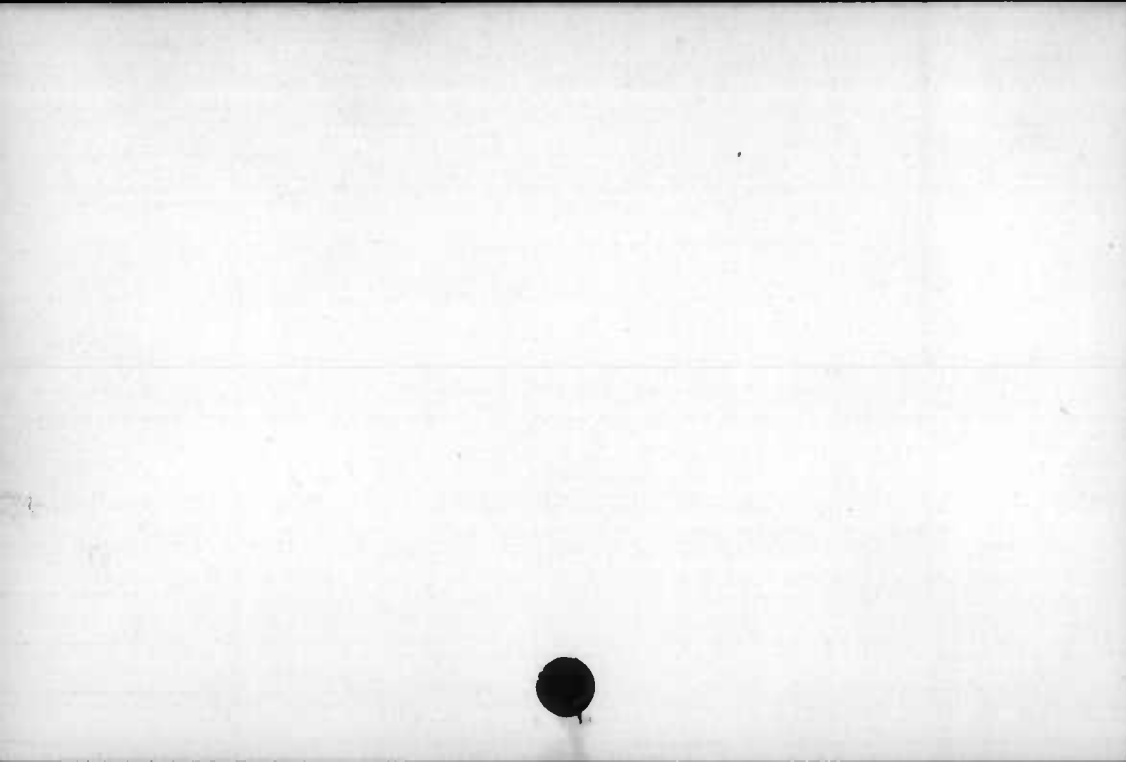
Died at <i>Sorocatti</i> <sup>Town</sup>		<i>A</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>May</i>	Day	<i>8.</i>
Age		Years		Months	Days
<i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Louisiana</i>	
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>Joseph Musick</i>			Father's Birthplace <i>Austria</i>		
Mother's Maiden Name <i>Katharine Zimon</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Joseph Musick</i>			How related to deceased <i>Father.</i>		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>Unknown</i>
Immediate	<i>Convulsions</i>	How long	<i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. B. Forten M.D.</i>	
		Address <i>So. Baltg, Md</i>	
Accident or Suicide? <i>-</i>			



Name  
in  
Full

Cathren Myer

## CERTIFICATE OF DEATH

Died at Dorsey's

Town

County

Anne Arundel

MARYLAND

Date

of death 1909

Month

May

Day

26th

Age

Years

86

Months

—

Days

14

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

None

Where Residing if not  
at place of death

Dorsey's

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

William Myer

Father's  
Name

Valentine Swartz

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Margaret Fink

Mother's  
Birthplace

Germany

Name of person giving  
information

Michel Swartz

How related  
to deceased

Nephew

## CAUSES OF DEATH

178

Primary

old age

How long

3 days

Immediate

drop dead

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

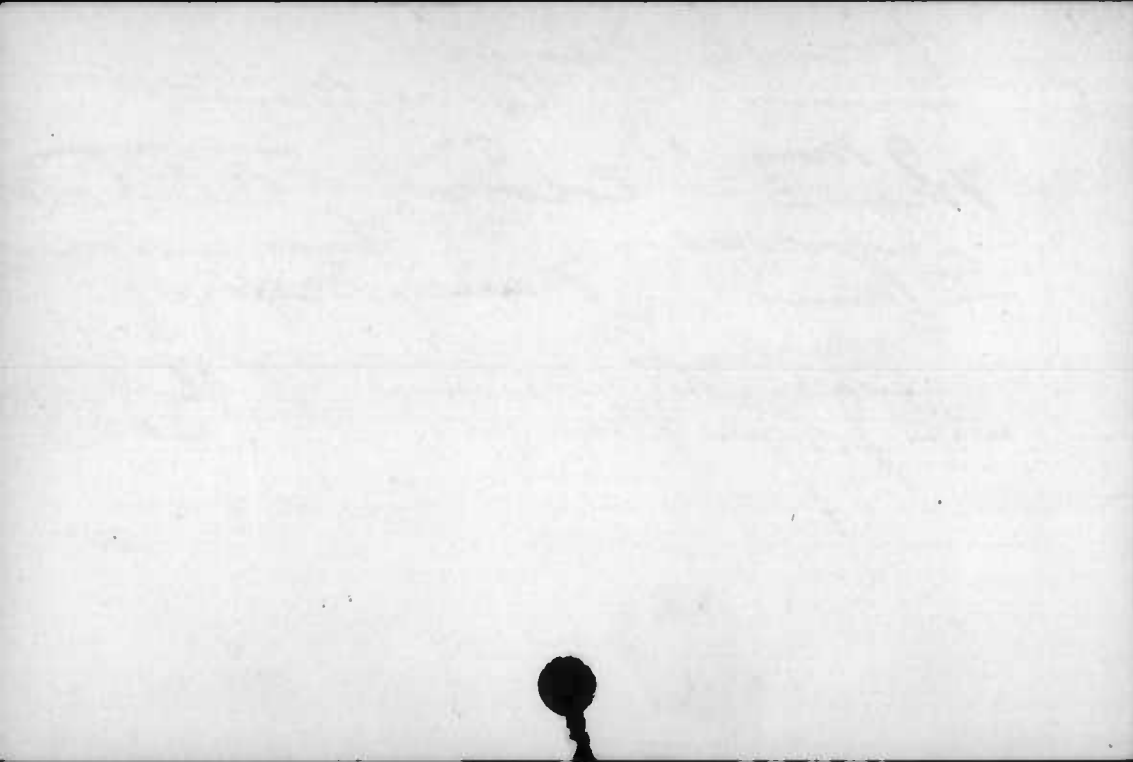
Signature of  
Physician

Address

L H E. Haslop, Coroner  
Annapolis Junction  
Maryland

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

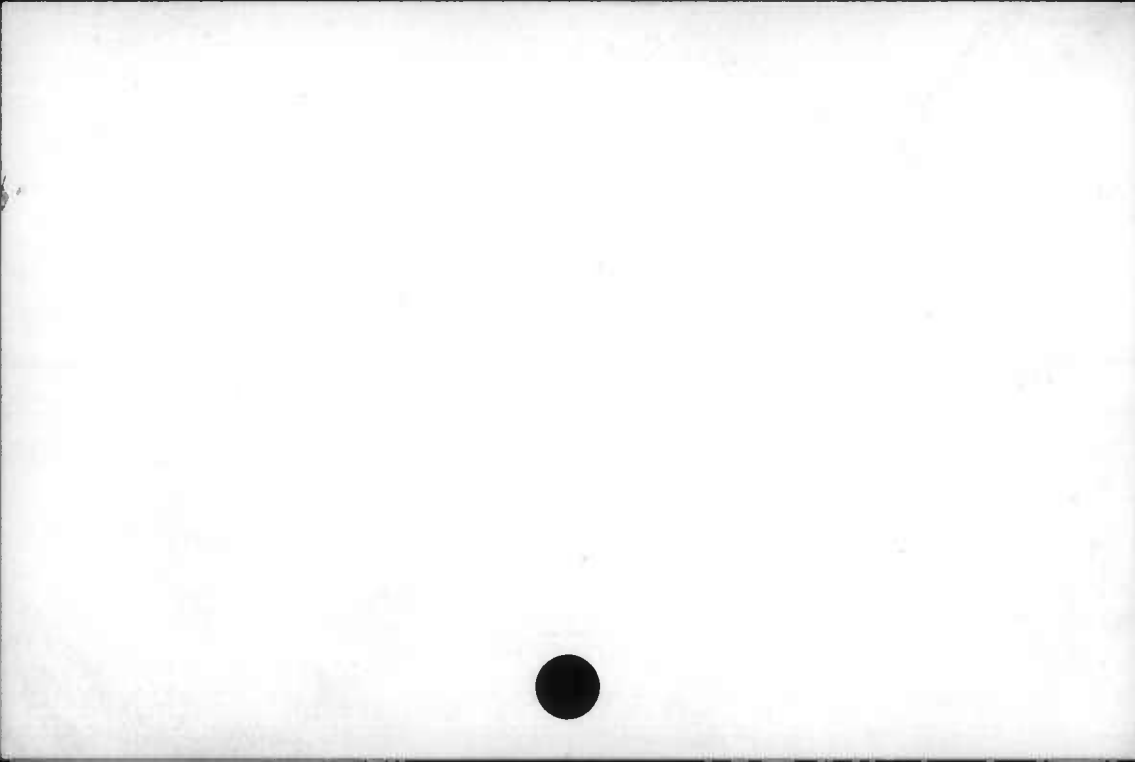
Died at Gunnarnton Anne Arundel County MARYLAND  
 Date of death 190 9 May 10 th Age 52 Years Months Days  
 Sex Male Color or Race Colored Birth-place A.C. Co. Md  
 Occupation Laborer Where Residing if not at place of death Gunnarnton 2nd  
 Married, Single or Widowed Married Name of Wife or Husband Nancy Myers  
 Father's Name Francis Myers Father's Birthplace A.C. Co. Md  
 Mother's Maiden Name Mary Hopkins Mother's Birthplace A.C. Co. Md  
 Name of person giving Information John Myers How related to deceased Son

CAUSES OF DEATH

63

Primary Acute Myelitis (Central) How long Six days  
 Immediate Coma (Paralytic) How long 1 day  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician Wm S. Welch  
 Address Annapolis  
 Accident or Suicida —

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Near Glenburnie</i> <sup>Town</sup>		<i>Nicholson</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>May</i>	Day	<i>May 21</i>
Sex	<i>Female</i>	Color or Race	<i>Coloured</i>	Years	
Occupation			Birthplace	<i>Ann Arundel Co Md</i>	Months
			Where Residing if not at place of death	<i>at home</i>	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Hamilton Nicholson</i>		
Mother's Maiden Name			<i>Ella Johnson</i>		
Name of person giving information			<i>Ella Johnson</i>		
			Father's Birthplace		
			<i>Ann Arundel Co Md</i>		
			Mother's Birthplace		
			<i>Ann Arundel Co Md</i>		
			How related to deceased		
			<i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>bad in labor</i>	How long	<i>8 hours</i>
Immediate	<i>hemorrhage</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>T. R. Henderson M.D.</i>	
		Address	
		<i>Registar</i>	
Accident or Suicide?			



Name  
in  
Full

Eva Parker

2  
CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Annapolis

Date

of death 1909

Month

May

Day

27

Years

Age

29

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Annapolis

Occupation

House Wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

James Parker

Fether's  
Name

Moses Snowden

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Sarah Hawkins

Mother's  
BirthplacePrigee George  
Co MdName of person giving  
Information

Sarah Snowden

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 months

Immediate

Asphyxia

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Ambrose Garcia M.D.

Address

12 Clay St

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Henretta Victoria Powell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad et	Harwood		County		MARYLAND						
Date of death	1909	Month	May	Day	25	Age	2	Months	—	Days	—
Sex	Female		Color or Race	Colored		Birth-place	Harwood				
Occupation	—					Where Residing if not at place of death					
Married, Single or Widowed	—		Name of Wife or Husband								
Father's Name	West Powell.					Father's Birthplace	Anne Arundel				
Mother's Maiden Name	Laura Harkins					Mother's Birthplace	Anne Arundel				
Name of person giving information	Harith Powell					How related to deceased	Sister				

## CAUSES OF DEATH

Primary

Unknown

How long

179

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Madelon Leewood MD

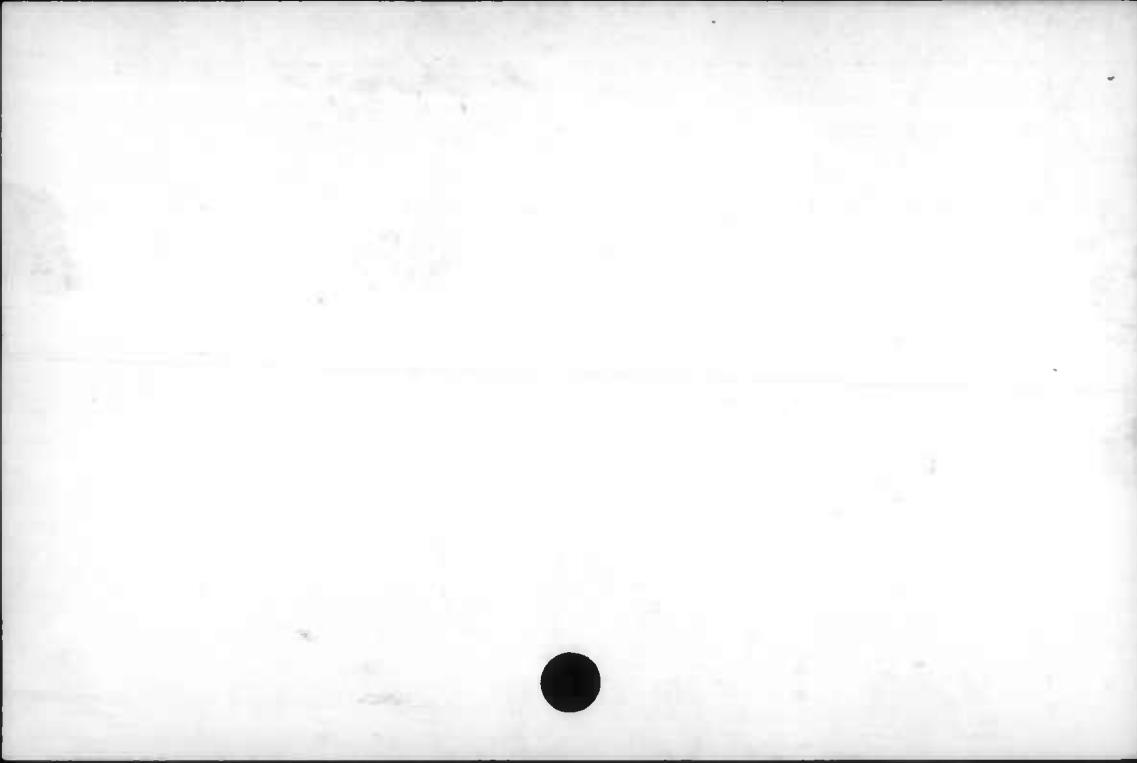
Address

West River

Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Madison Ricks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

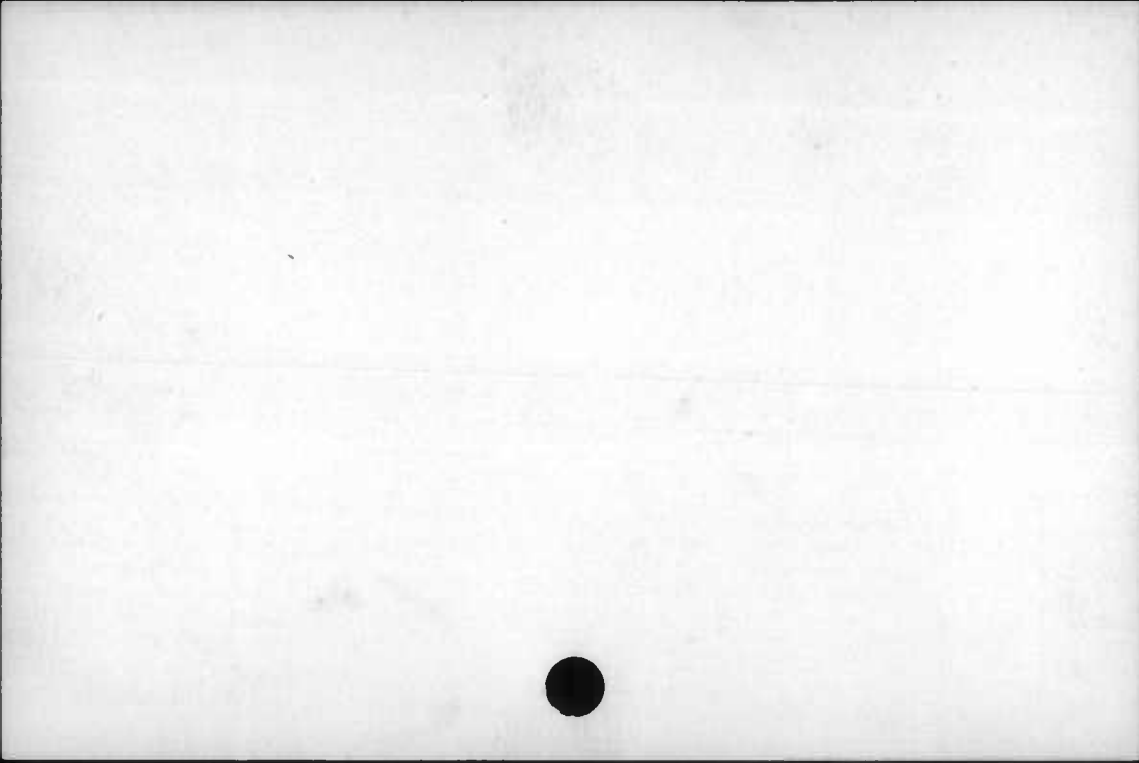
Died at		Town Brounchen		County aa		MARYLAND	
Date of death	1909	Month May	Day 30	Age 75	Years	Months 2	Days
Sex	Male		Color or Race	Col		Birth- place	Va
Occupation	Lab			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Matilda			
Father's Name	Junius Ricks				Father's Birthplace	Va	
Mother's Maiden Name	Eolia Ricks				Mother's Birthplace	Va	
Name of person giving In formation	Josh Ricks				How related to deceased	Son	

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Paralyzing	How long	3 days
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Chas. A. Brounchen	
Address		Brounchen	
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

Joseph Roberts

Town

County

MARYLAND

Died at

Jessup

Ann Arundel

Date

909 May

Day

4

Age

25

Months

Days

of death

male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of death

Not Known

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
In formation

How related  
to deceased

CAUSES OF DEATH

Primary

Bright's Disease  
Heart failure

How long

6 mrs

Immediate

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

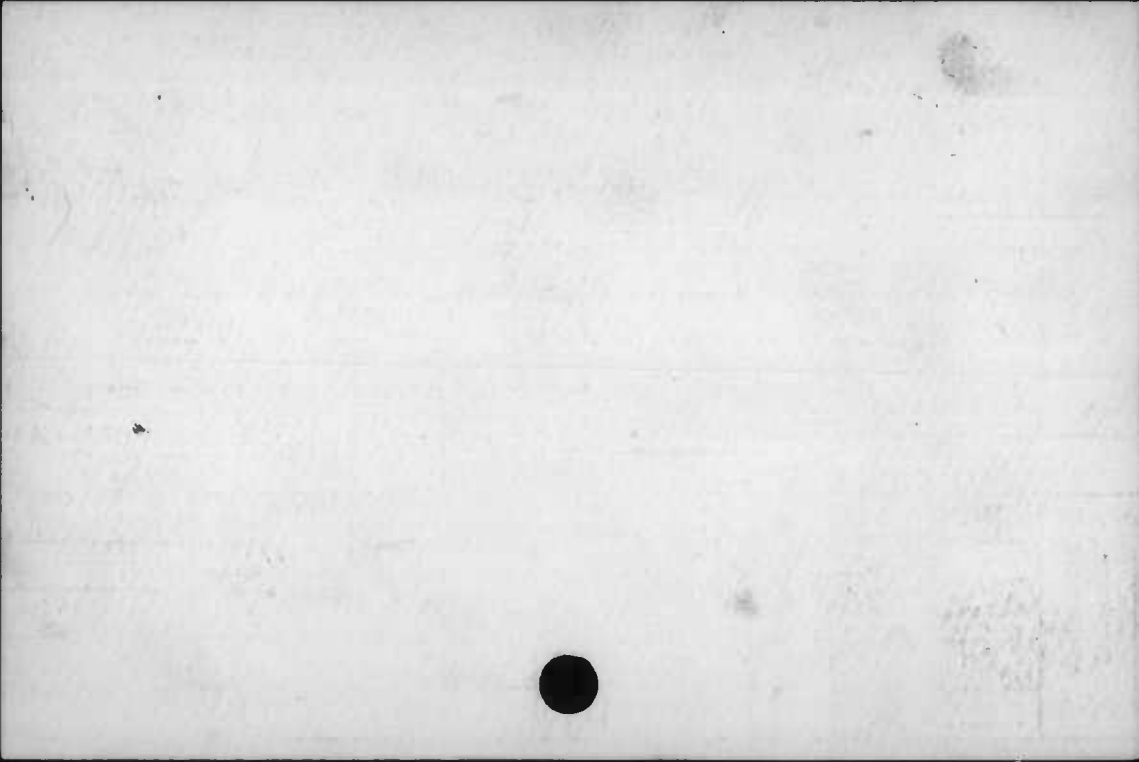
J. J. P. P. P.  
Laurel Md

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Susan B. Rockhold*

Town

County

MARYLAND

Died at *Annapolis Neck*

Month

Day

Years

Months

Days

Date

of death

190

9

May

16

Age

71

Sex

*Female*Color or  
Race*White*Birth-  
place*Annapolis Md*

Occupation

*House*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widow*Name of Wife or  
Husband*Elijah T. Rockhold*Father's  
Name*Henry Bolden*Father's  
Birthplace*Md*Mother's  
Maiden Name*Susan Pierce*Mother's  
Birthplace*Md*Name of person giving  
Information*Mary Rockhold*How related  
to deceased*Daughter*

## CAUSES OF DEATH

79

Primary

*Cardiac Asthenia*

How long

*a year*

Immediate

*Acute Cardiac Dilatation*

How long

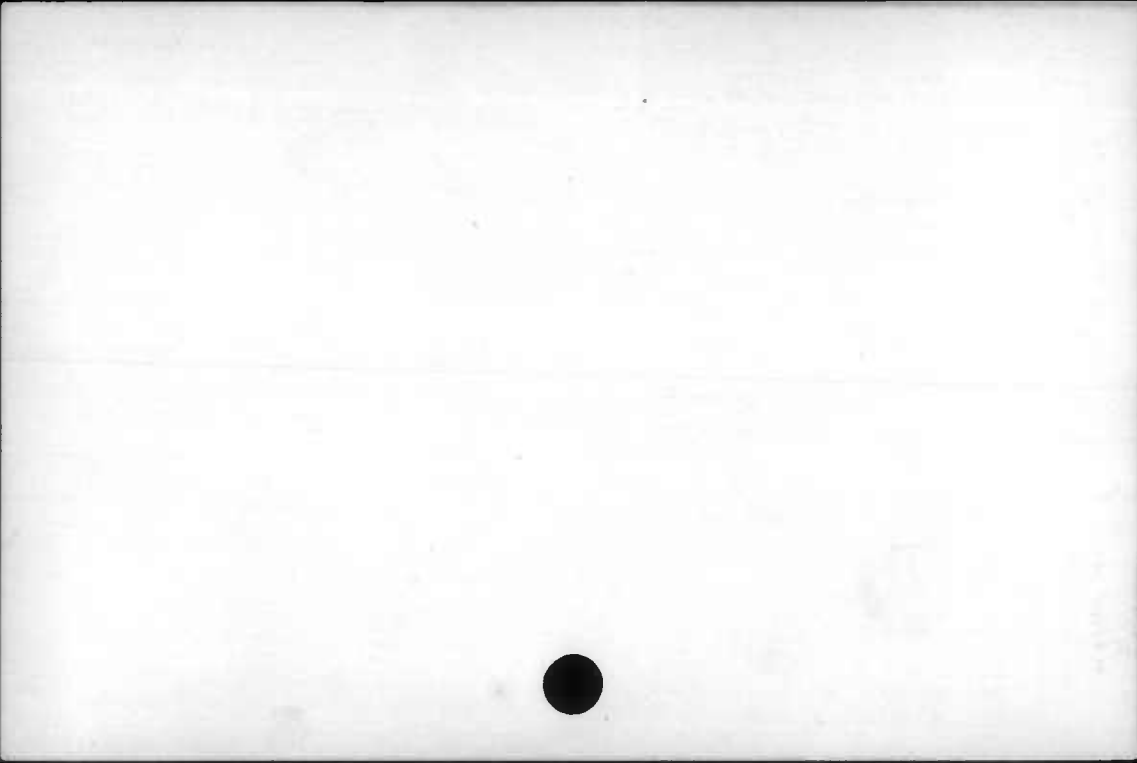
*hours or more*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*J. Oliver Purvis*  
*Annapolis Md*

Accident or Suicide

*No*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Davidsonville* <sup>Town</sup> & *a* <sup>County</sup>

Date

of death

190

9

Month

May

Day

26

Age

Years

21

Months

9

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Davidsonville

Occupation

Farm Hand

Where Residing if not  
at place of death

11

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Moses Rollings

Father's  
Birthplace

Davidsonville

Mother's  
Maiden Name

Martha Brown

Mother's  
BirthplaceName of person giving  
Information

Arthur Rollings

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

49 days

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

B R Davidson

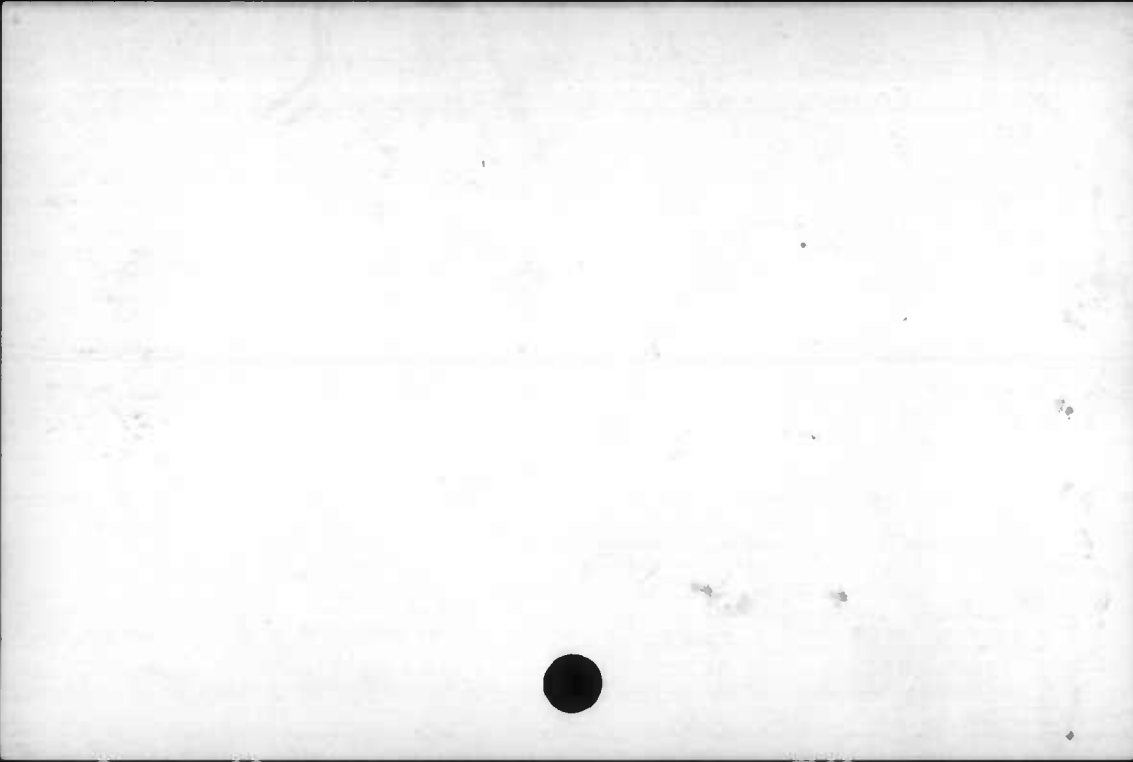
Address

Davidsonville,

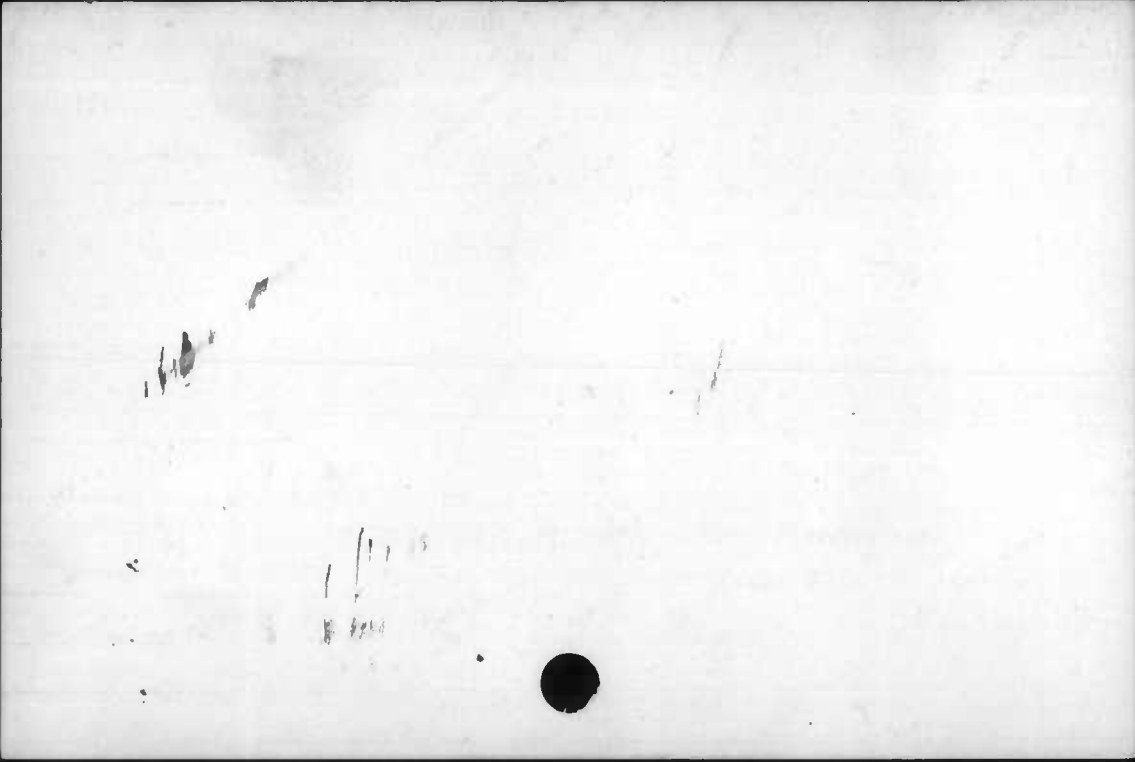
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name in Full		Mary Rollins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Age	Years	Months
	Sex		Color or Race		Birth-place		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
<div>CAUSES OF DEATH</div> <div>154</div>							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
	Accident or Suicide?		Signature of Physician		Address		





Name  
in  
Full

George William

Ross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

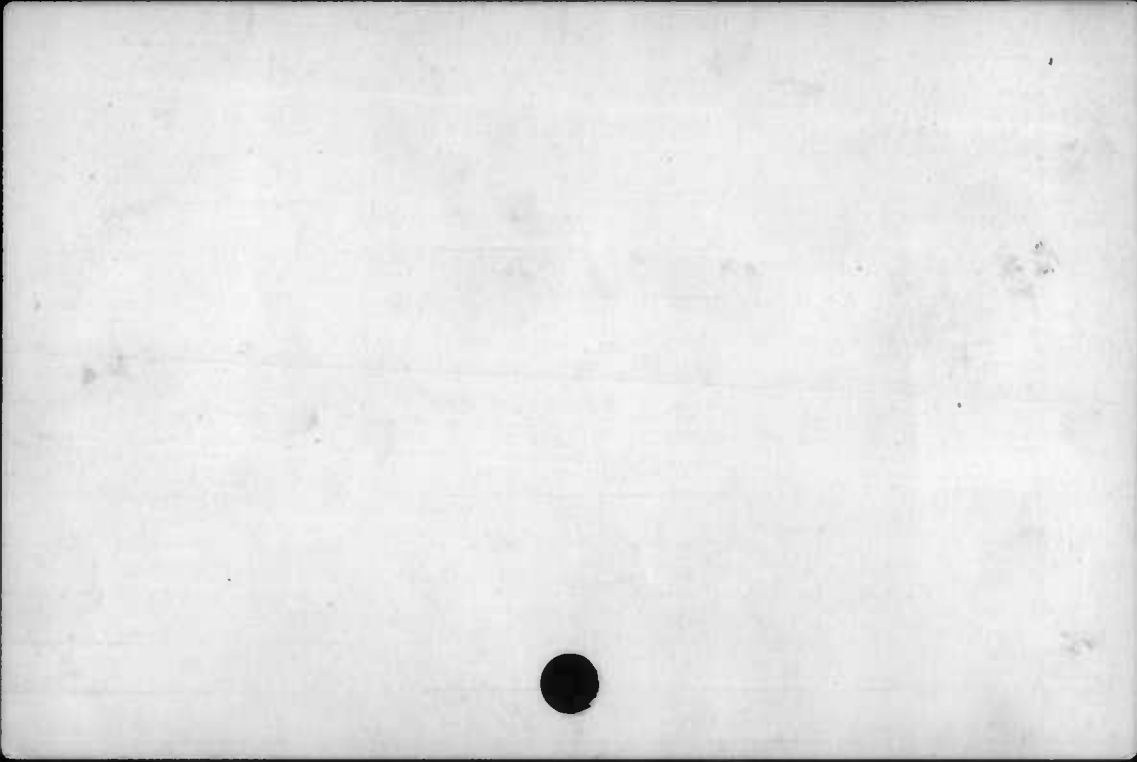
Died at <u>Annapolis Md</u>		County <u>a. a. co</u>		MARYLAND	
Date of death	1909	Month <u>May</u>	Day <u>7</u>	Age <u>—</u>	Months <u>3 mo</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Annapolis Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>77 Pleasant st</u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>George William Ross</u>			Father's Birthplace <u>Annapolis Md</u>		
Mother's Maiden Name <u>Mellie Cook</u>			Mother's Birthplace <u>Severna Md</u>		
Name of person giving information <u>George William Ross</u>			How related to deceased <u>father</u>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<u>Broncho Pneumonia</u>	How long <u>7 days</u>
Immediate	<u>convulsion</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. D. Keene</u>
		Address <u>60 Cathedral st</u>
Accident or Suicide? <u>No</u>		<u>Annapolis Md</u>



Name  
in  
Full

William Simms

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

German town

a-a-

Date

of death

1909

Month

May

Day

5

Age

Years

—

Months

2

Days

—

Sex

Male

Color or  
Race

Colord

Birth-  
place

Germantown

Occupation

unknown

Where Residing if not  
at place of death

Germantown

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

unknown

Father's  
Name

James Simms

Father's  
Birthplace

West River

Mother's  
Maiden Name

Elizabeth Fisher

Mother's  
Birthplace

West River

Name of person giving  
Information

James Simms

How related  
to deceased

Father

Asbury Cent.

## CAUSES OF DEATH

36

Primary

Congenital Loue's  
Exhaustion

How long

Since Birth

Immediate

How long

Gradual

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

John Ridout  
Annapolis  
Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Alouis Slawik

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 5<sup>th</sup> District <sup>Town</sup> Anne Arundel <sup>County</sup> MARYLAND

Date of death 1909 <sup>Month</sup> May <sup>Day</sup> 25 <sup>Years</sup> 7 <sup>Months</sup> 10 <sup>Days</sup> 24

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Hungary

Occupation \_\_\_\_\_ Where Residing If not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

87

PHYSICIAN  
OR CORONER

Primary

How long

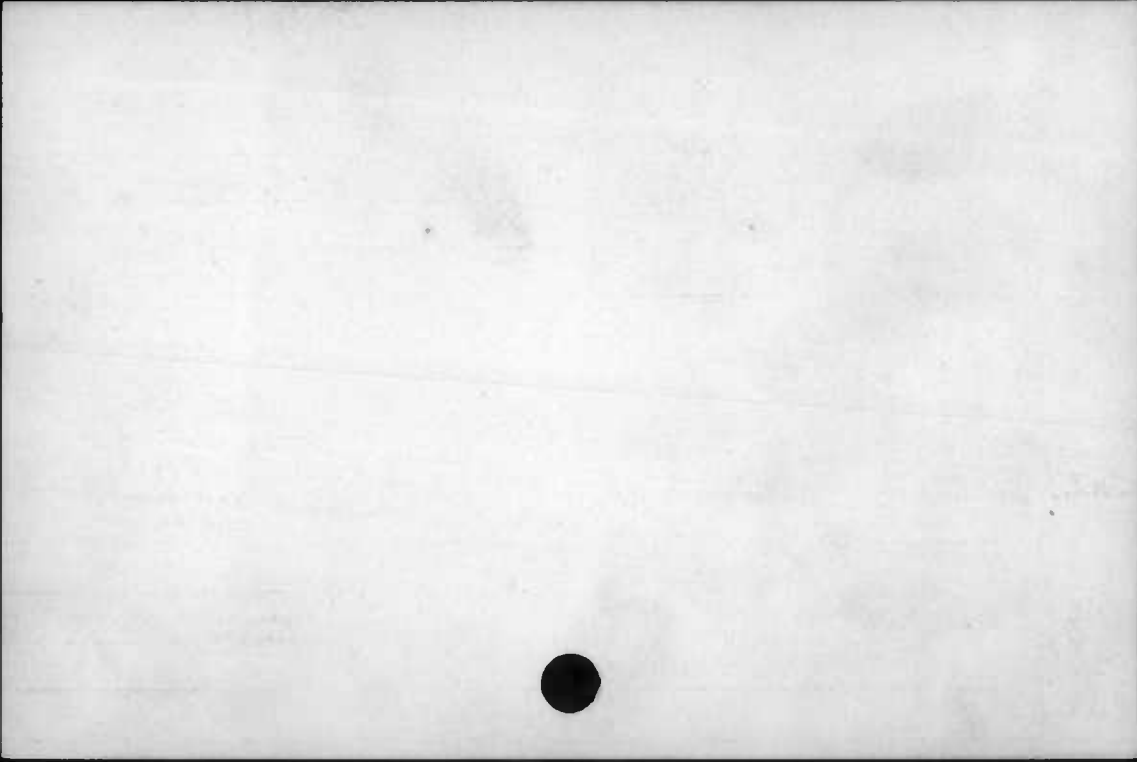
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?



Loretta Smith

### CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

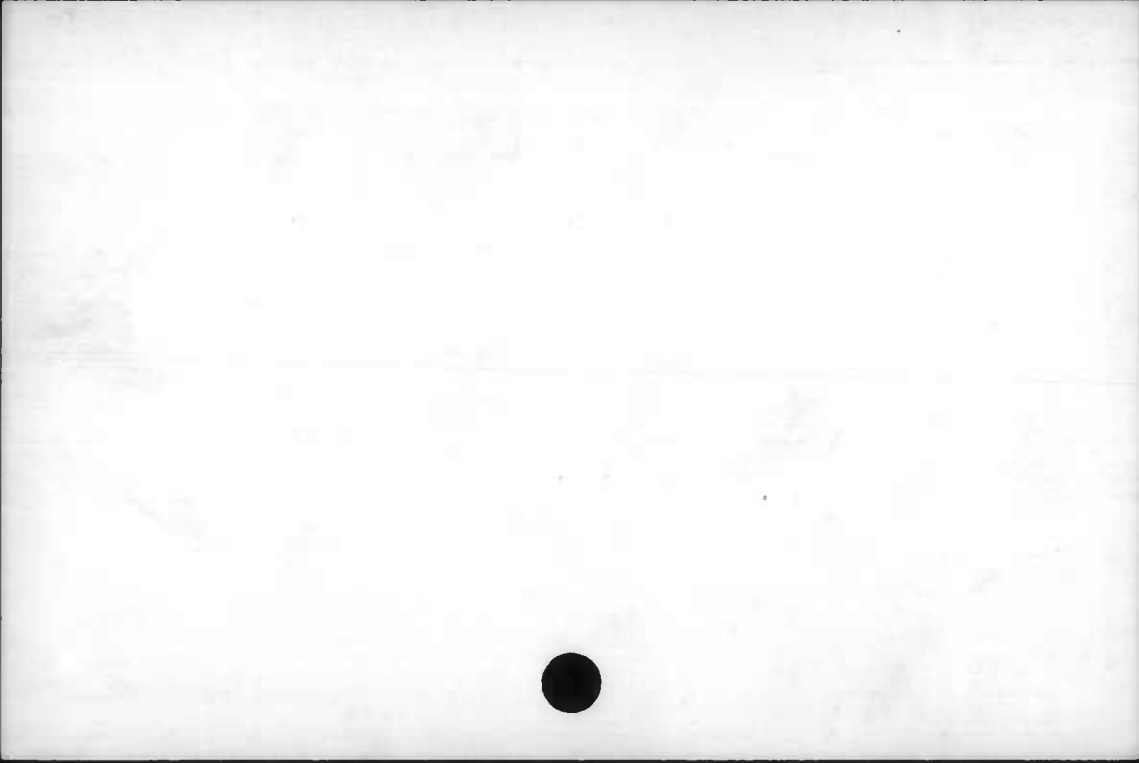
Died at <i>Lutham</i>		County <i>a a</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>May</i>	Day <i>12</i>	Age <i>4</i>	Months <i>2</i>
Sex <i>—</i>		Color or Race <i>color</i>		Birth-place <i>ma</i>	
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Charley Smith</i>		Father's Birthplace <i>ma</i>			
Mother's Maiden Name <i>Alma Selman</i>		Mother's Birthplace <i>ma</i>			
Name of person giving Information <i>Charles Smith</i>		How related to deceased <i>father</i>			

### CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	<i>Spontaneous</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. H. L. L. L. L.</i>
		Address	<i>Sub Reg.</i>
Accident or Suicide	<i>Accident</i>		





Name  
in  
Full

Thomas Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

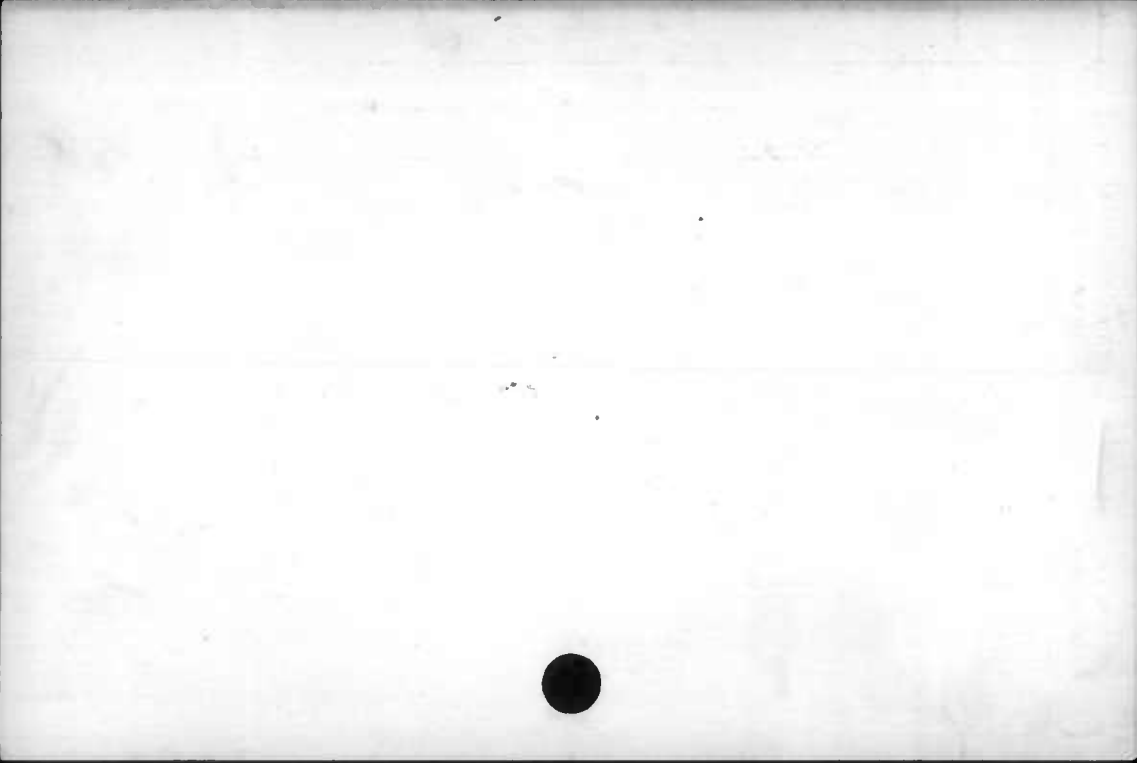
✓  
Died at *St. Thomas* <sup>town</sup> *a* <sup>County</sup> *a* **MARYLAND**  
Date of death 1909 <sup>Month</sup> *May* <sup>Day</sup> *13* <sup>Years</sup> *1* <sup>Months</sup> *8* <sup>Days</sup> *—*  
Sex *Male* Color or Race *color* Birthplace *md*  
Occupation *—* Where Residing if not at place of death *—*  
Married, Single or Widowed *single* Name of Wife or Husband *—*  
Father's Name *Charley Smith* Father's Birthplace *md*  
Mother's Maiden Name *Allice Bellman* Mother's Birthplace *md*  
Name of person giving Information *Charley Smith* How related to deceased *father*

## CAUSES OF DEATH

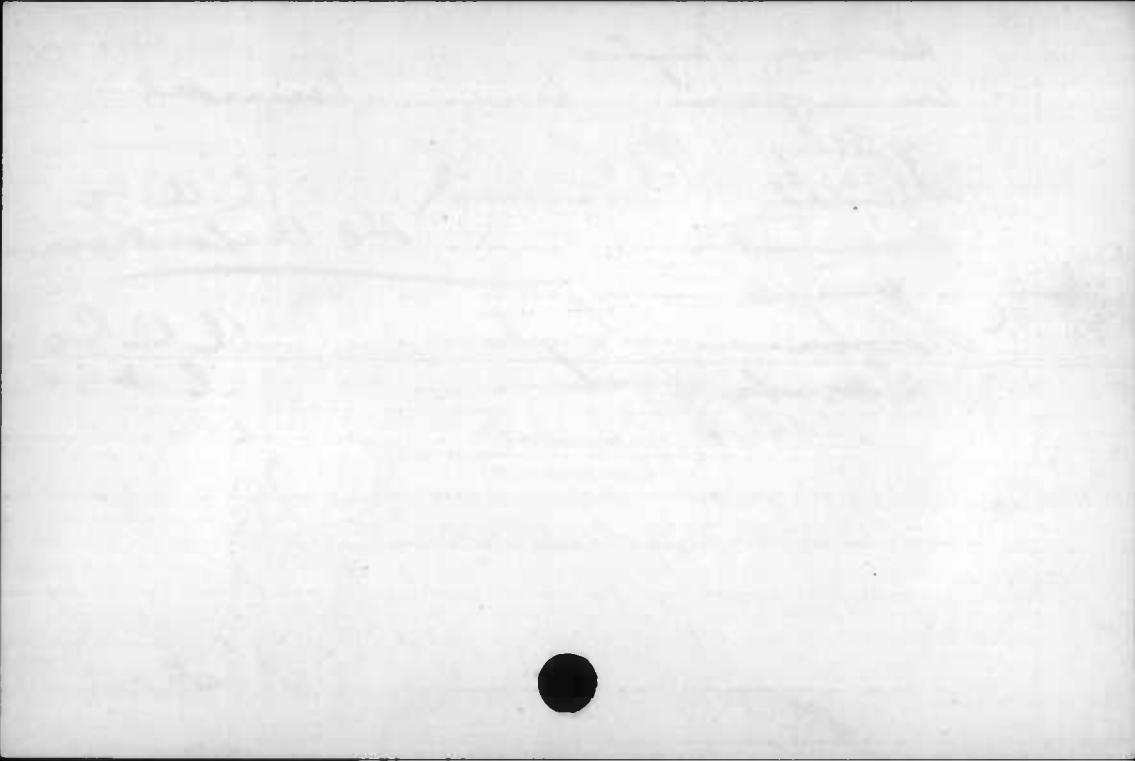
179

PHYSICIAN  
OR CORONER

Primary *—* How long *—*  
Immediate *Unknown* How long *—*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. H. Talbot*  
*Smith* Address *Sub Reg*  
Accident or Suicide *—*



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bristol</i>		County <i>Anne Arundel</i>		MARYLAND
	Date of death <i>1909</i>	Month <i>May</i>	Day <i>7</i>	Age <i>—</i>	Months <i>5</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Bristol, Md.</i>	
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>unknown</i>			Father's Birthplace <i>—</i>	
	Mother's Maiden Name <i>Margaret Smith</i>			Mother's Birthplace <i>A. A. C. Md.</i>	
	Name of person giving information <i>Nicholas Smith</i>			How related to deceased <i>Cousin</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Whooping Cough</i>		How long <i>3 weeks</i>		
	Immediate <i>Convulsions</i>		How long <i>3 days</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. M. Chaney, M.D.</i>		
			Address <i>Chaney, Md.</i>		
	Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full Susie Taylor Town Annapolis County Anne Arundel MARYLAND

Died at Annapolis Month May Day 4 Age 32 Years Months Days

Date of death 1909

Sex Female Color or Race Colored Birth-place A.A.C. Ind

Occupation Domestic Where Residing if not at place of death 40 Acton Lane

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Thymer Taylor Father's Birthplace A.A.C. Ind

Mother's Maiden Name Karole Jones Mother's Birthplace A.A.C. Ind

Name of person giving Information Albert Bell How related to deceased friend

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

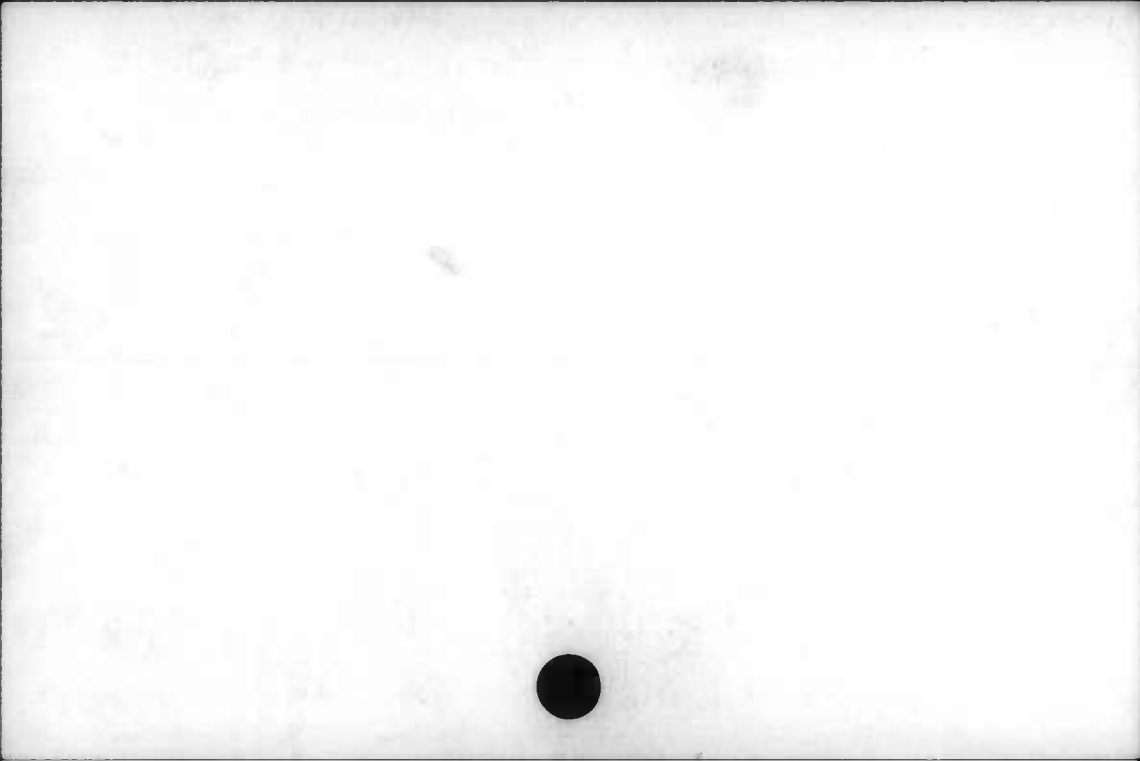
Primary Gastro-Intestinal Catarrh How long 2 weeks

Immediate Cardiac Failure How long Few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician [Signature] Address 60 Cathedral St Annapolis Md

Accident or Suicidal No



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

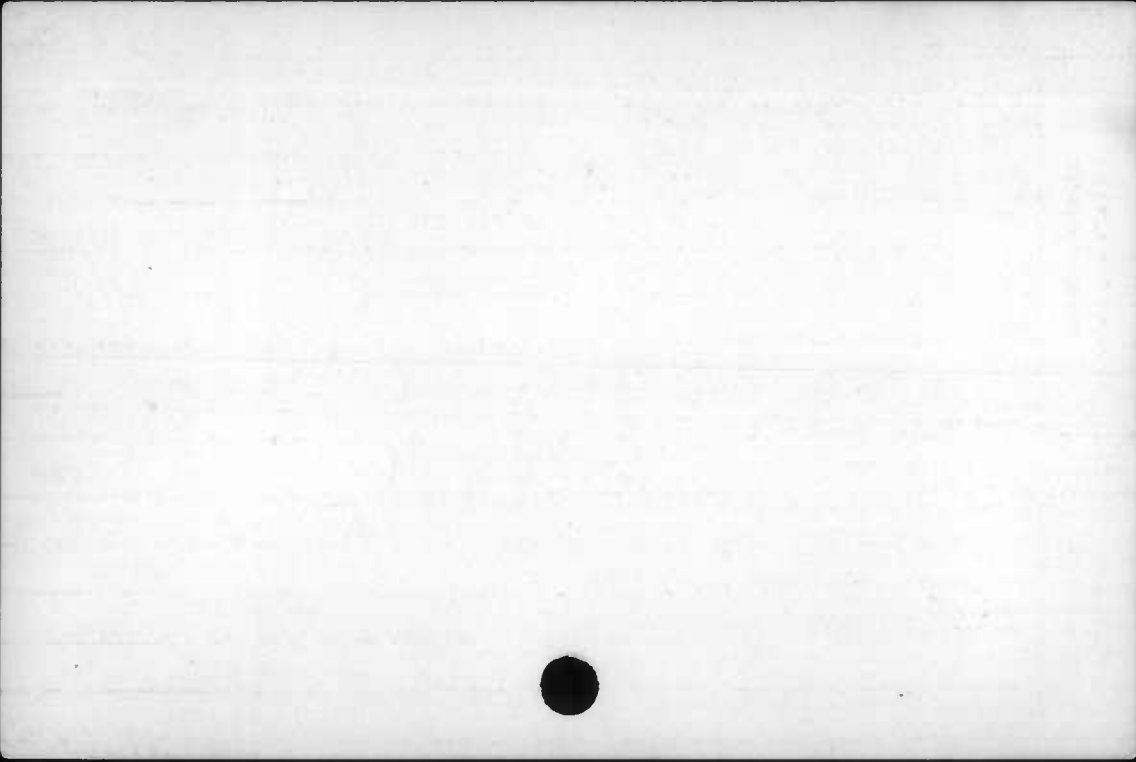
Name in Full <i>Albert Varrinez Jr</i>		Town <i>South Balto</i>		County <i>C A</i>		State <i>MARYLAND</i>	
Died at <i>South Balto</i>		Month <i>May</i>		Day <i>27</i>		Age <i>12</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Not ariy</i>		Where Residing if not at place of death <i>South Balto Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Albert Varrinez sr</i>		Father's Birthplace <i>Bohemia</i>					
Mother's Maiden Name <i>Anna Besser</i>		Mother's Birthplace <i>11</i>					
Name of person giving information <i>Anna Lennert</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary	<i>Covered by a sand bank falling</i>	How long	
Immediate	<i>Suffocation</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John C. Potter, Dr</i>	
		Address <i>Brooklyn</i>	
		<i>C A C Ma</i>	
Accident <i>Scuba</i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Hezekiah Fisher Ward

Anne Arundel

MARYLAND

Died at Churchton

Date

of death

1909

Month  
May

Day

21ST

Age

Years

65-

Months

8

Days

9

Sex

Male

Color or  
Race

White

Birth-  
place

Anne Arundel Co

Occupation

Carpenter

Where Reiding if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah Ward

Father's  
Name

William Ward

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Mary Ann Fisher

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Sarah Ward

How related  
to deceased

Wife

## CAUSES OF DEATH

40

Primary

Carcinoma Pyloric End Stomach

How long

2 years

Immediate

(Dysarrhythmia, Induction) Heart failure

How long

72 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes-

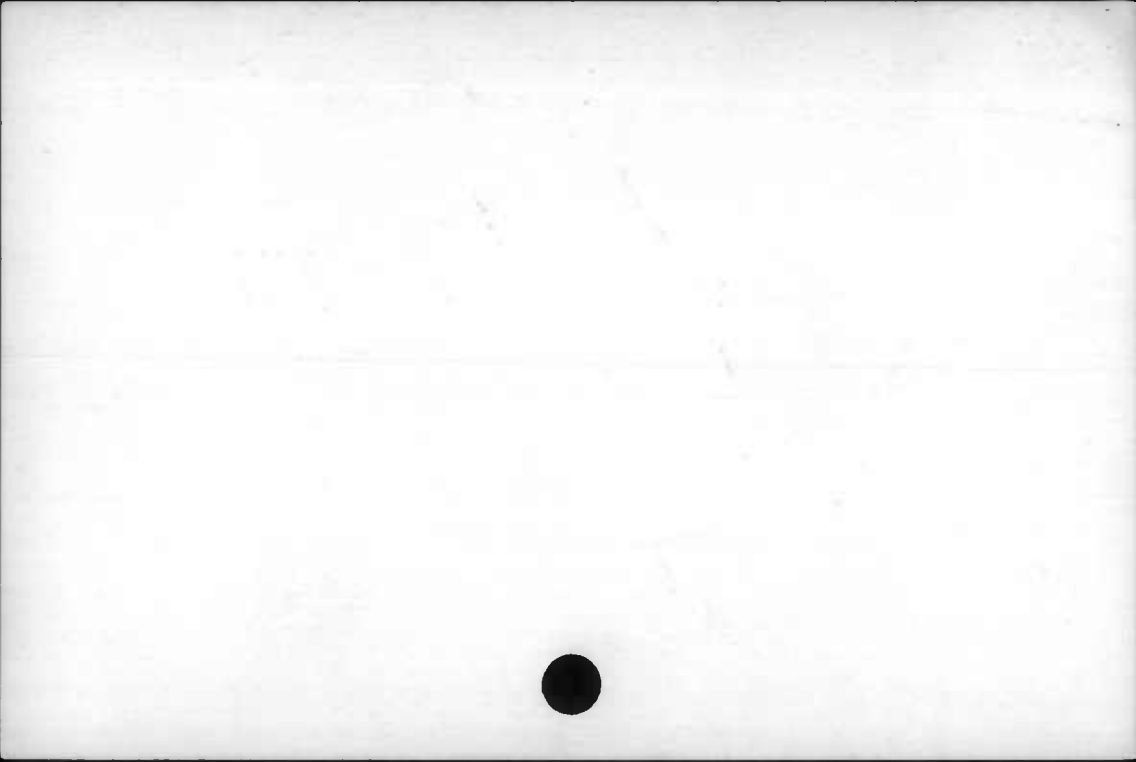
Signature of  
Physician

Address

P. R. W. Wilson M.D.  
Churchton, Ind.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Mary Waters*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Great River</i>		Town		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death	<i>1909</i>	Month <i>May</i>	Day <i>13</i>	Age <i>75</i>	Years	Months <i>1</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Prince George's Co Md</i>				
Occupation <i>Unknown</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Dr. Franklin Waters</i>				Father's Birthplace <i>Prince George's Co</i>			
Mother's Maiden Name <i>Rachel Waters</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Franklin Waters</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

**91**

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis, Bronchiectasis</i>	How long <i>about 18 yrs.</i>
Immediate <i>Heart Failure</i>	How long <i>about 6 hours</i>

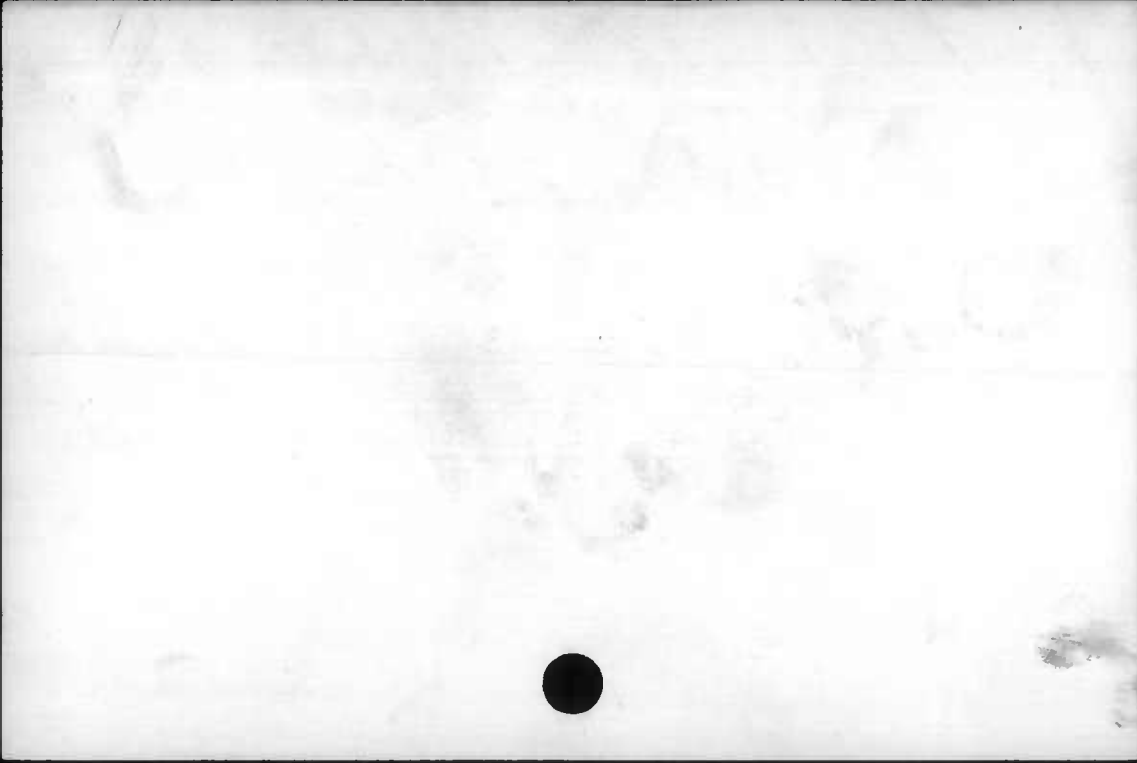
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Franklin Waters*  
*Great River, A. A. Co. Maryland*

Accident or Suicide



Name  
in  
Full

Still Born of Mrs R.C. Whilden

CERTIFICATE OF DEATH

Died at Annapolis Md A. A. CO MARYLAND  
Town County

Date of death 1909 May 17 Age — Months — Days —

Sex male Color or Race Colored Birth-place Annapolis Md

Occupation — Where Residing if not at place of death 23. Bay St

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Roscoe O. Whilden Father's Birthplace St Paul Min

Mother's Maiden Name Blarina Whilden Mother's Birthplace Virginia

Name of person giving Information Blarina Whilden How related to deceased mother

CAUSES OF DEATH

Primary Still Born How long 8

Immediate — How long —

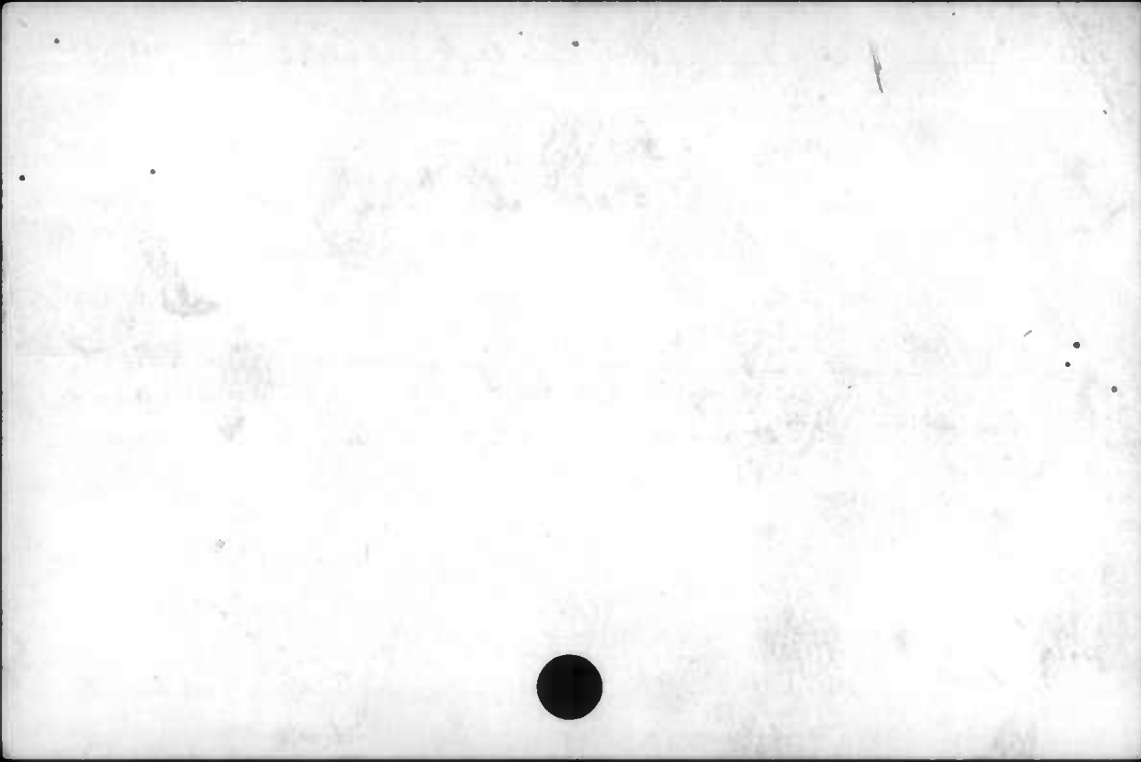
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician R. P. Keese

Address 1000 E. St. of Annapolis Md

Accident or Suicide No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Howard White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town \_\_\_\_\_ County \_\_\_\_\_

Died at *Mc. Cuffinerville, 324 dist. Anne Arundel* **MARYLAND**

Date of death *1909* Month *May* Day *17* Age *5* Months *7* Days *26*

Sex *Male* Color or Race *Colored* Birth-place *St. Mary's Co.*

Occupation *School boy* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Frank White* Father's Birthplace *St. Mary's Co.*

Mother's Maiden Name *Jane Barnes* Mother's Birthplace *St. Mary's Co.*

Name of person giving Information *Frank White* How related to deceased *Father*

## CAUSES OF DEATH

93

Primary *Lobar Pneumonia* How long *5 days*

Immediate *Heart Failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James S. Billingsley*

Address *Armiger Md*

Accident or Suicide *No*

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

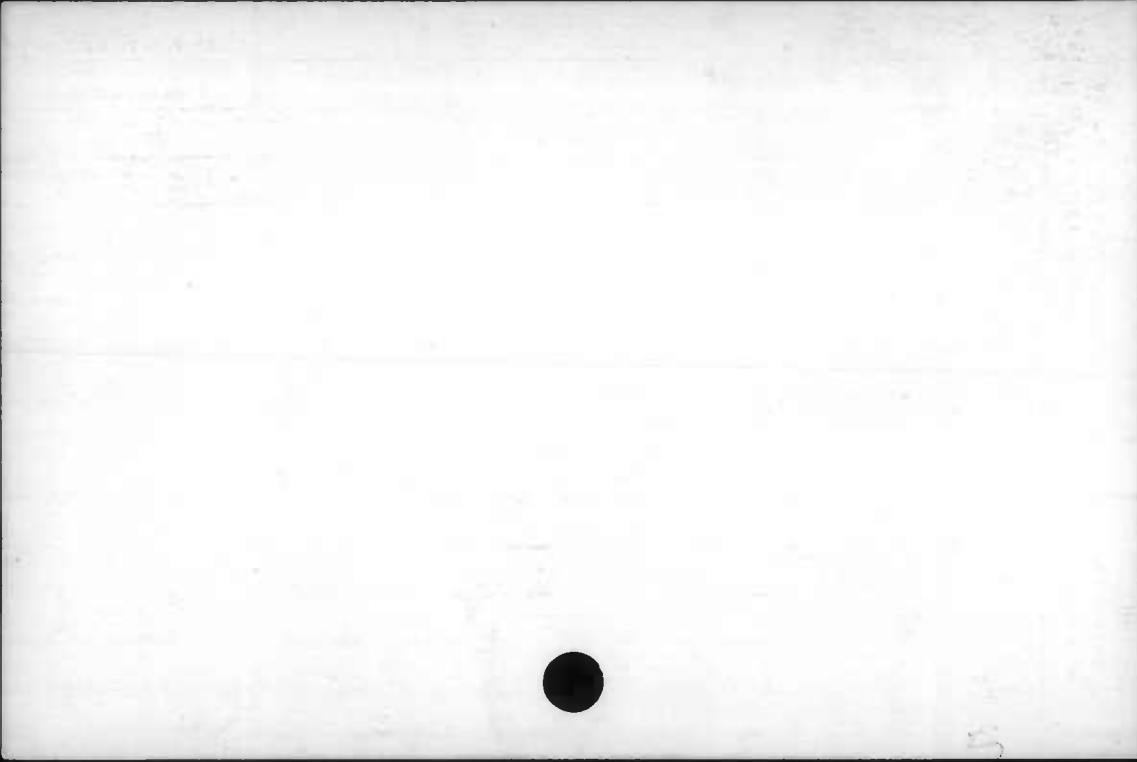
Mrs. Isabella J. Dempsey White  
 Town *Annapolis* County *h h Co* **MARYLAND**  
 Died at  
 Date of death 190 *9* Month *May* Day *20* Age *68* Years Months *1* Days *21*  
 Sex *Female* Color or Race *White* Birth-place  
 Occupation *House Wife* Where Residing if not at place of death  
 Married, Single or Widowed *Widow* Name of Wife or Husband *Edward White*  
 Father's Name *Bernhard Dempsey* Father's Birthplace *Ireland*  
 Mother's Maiden Name *Eless Murphy* Mother's Birthplace *Scotland*  
 Name of person giving Information *Mrs Lem Taylor* How related to deceased *Niece*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Infirmitie of age* How long *One year*  
 Immediate *Arterial* How long  
 Are the name, age, sex, color, data and place correctly given above? *yes*  
 Signature of Physician *Geo. Wells*  
 Address *Annapolis Md*  
 Accident or Suicide *yes*



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>3<sup>rd</sup> Dist.</i>		Town <i>A. A.</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>8<sup>th</sup></i>		Years <i>72</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>			
Occupation <i>Carpenter</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Robert White</i>				Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Anna Maria</i>				Mother's Birthplace <i>Not known</i>			
Name of person giving Information <i>Mrs. Charlotte Macey</i>				How related to deceased <i>Neighbor</i>			

## CAUSES OF DEATH

123

PHYSICIAN  
OR CORONER

Primary	<i>Cystitis</i>	How long	<i>3 days</i>
Immediate	<i>Heart-failure</i>	How long	<i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. D. Ridout</i>	
		Address <i>Annapolis Md</i>	
		<i>R. T. B. No. 1</i>	
Accident or Suicide			



Name  
in  
Full

William Wilkerson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Friendship</i>		Town		<i>Anne Arundel</i>		County		MARYLAND			
Date of death 190 <i>9</i>		Month <i>May</i>		Day <i>23</i>		Age <i>0</i>		Months <i>9</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>							
Occupation <i>—</i>				Where Residing If not at place of death <i>—</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>Alex. Wilkerson</i>		Father's Birthplace <i>Ind.</i>									
Mother's Maiden Name <i>Diana Dorsey</i>		Mother's Birthplace <i>Ind.</i>									
Name of person giving Information <i>Alex Wilkerson</i>		How related to deceased <i>Father</i>									

## CAUSES OF DEATH

Primary	<i>Whooping-cough</i>	<i>8</i>	How long	<i>2 weeks.</i>
Immediate	<i>—</i>		How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*A. H. Perri*  
*McKendree, Ind.*Accident or Suicide *—*



Name  
in  
Full

Henry William

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>West River</u> <small>Town</small>		<u>a a</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month	<u>May</u>	Day	<u>18</u>
Age		<u>5</u>	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>color -</u>	Birth-place	<u>md</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
<u>Single</u>					
Father's Name	<u>Henry William Sec.</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>Margaret Down</u>			Mother's Birthplace	<u>md</u>
Name of person giving Information	<u>Anna Williams</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

167

Primary Burned to death

How long

Immediate

How long

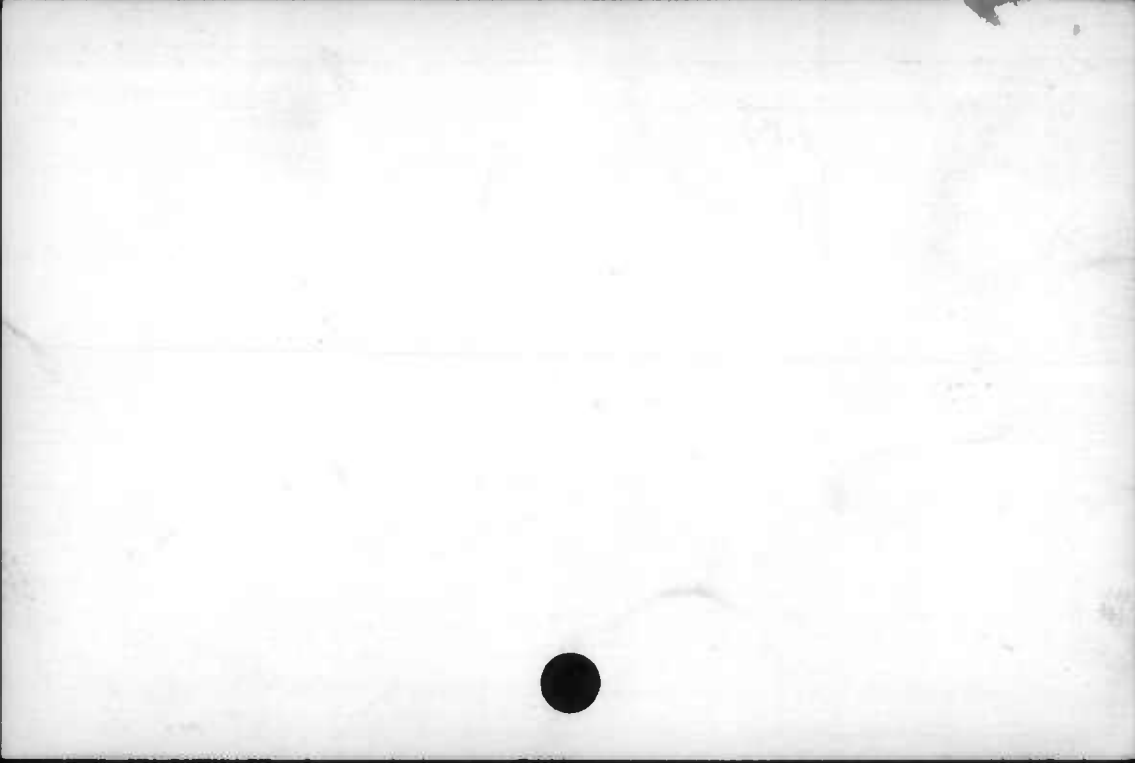
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Margaret Cawood md  
West River  
md

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mack Wootten

Town

County

MARYLAND

Died at Annapolis

Date

of death

1909

Month

May

Day

11

Age

Years

19

Months

2

Days

3

Sex

Male

Color or  
Race

Colored

Birth-  
place

Annapolis

Occupation

Waiter

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Mack Wootten

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Rebecca Nash

Mother's  
Birthplace

Annapolis

Name of person giving  
Information

Ella Duckett

How related  
to deceased

Sister

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

3 months

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. P. Keefe  
600 Cathedral St.  
Annapolis, Md.

Accident or Suicide

No

PHYSICIAN  
OR CORONER

JS J. Sano

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Oliver Wootten* Town *Annapolis* County *A* *A* **MARYLAND**

Died at *Annapolis* Date of death 190 *9* *May* *14* Day Age *26* Years Months *—* Days *9*

Sex *Male* Color or Race *White* Birth-place *Annapolis*

Occupation *Grand Boy* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *George L Wootten* Father's Birthplace *Annapolis Md*

Mother's Maiden Name *Alice Carroll* Mother's Birthplace *Annapolis Md*

Name of person giving Information *Alice Wootten* How related to deceased *Mother*

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

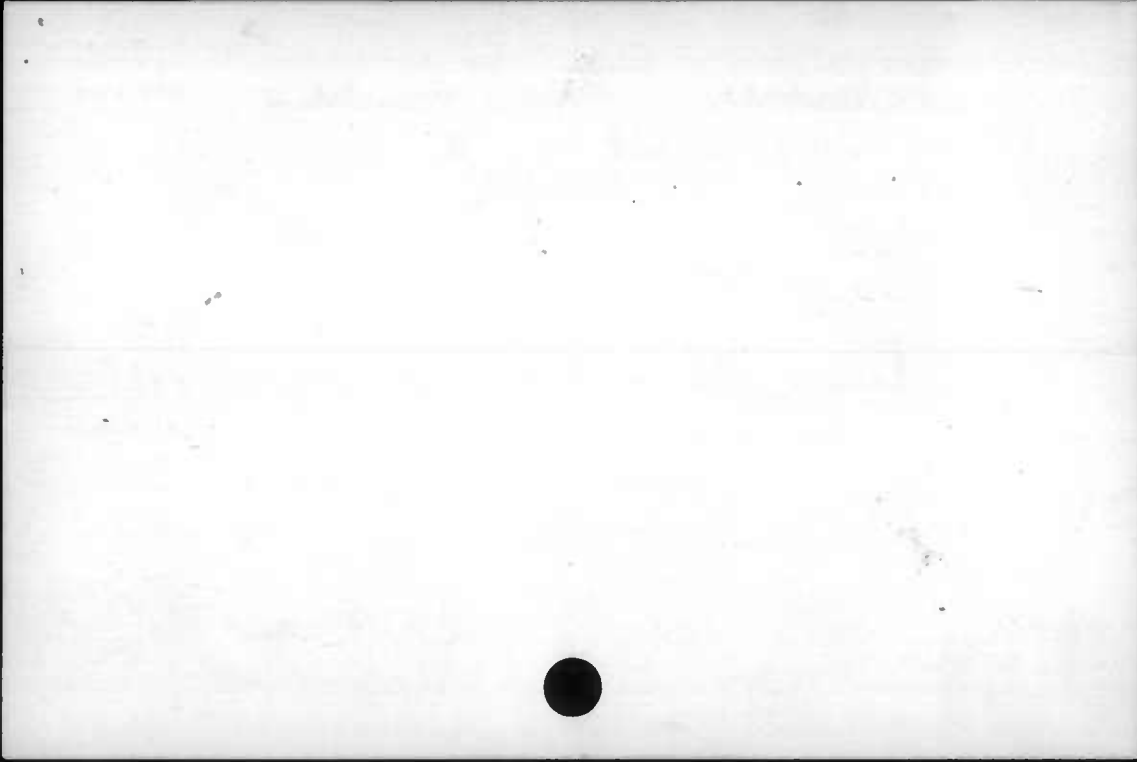
Primary *Acute Nephritis and Myocarditis* How long *15 days*

Immediate *Cardiac Asthenia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signatures of Physician *Louis B. Henkel* Address *Annapolis Md.*

Accident or Suicide *Neither*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <u>Grafton Young</u>		Town <u>McKendree</u>		County <u>Anne Arundel</u>		MARYLAND	
Died at		Month <u>May</u>		Day <u>26</u>		Age <u>0</u>	
Date of death 1909		Months <u>7</u>		Years		Days <u>—</u>	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Ind.</u>			
Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Huaband <u>—</u>					
Father's Name <u>William Young</u>		Father's Birthplace <u>Ind.</u>					
Mother's Maiden Name <u>Jennie Wilkerson</u>		Mother's Birthplace <u>Ind.</u>					
Name of person giving Information <u>Clarence Blake</u>		How related to deceased <u>Friend</u>					

## CAUSES OF DEATH

Primary	<u>Whooping Cough</u>	How long	<u>3 weeks.</u>
Immediate		How long	<u>—</u>

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, data and place correctly given above?

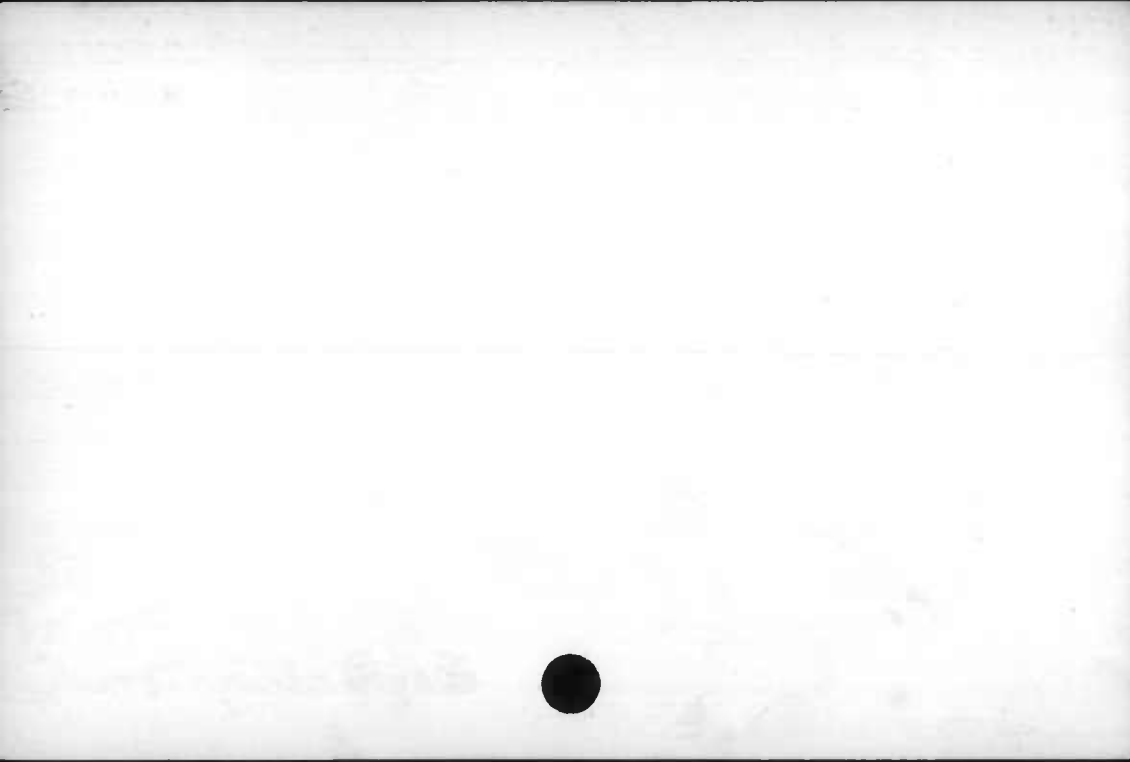
Yes

Signature of Physician

Address

A. H. Purrie  
McKendree

Accident or Suicide



Name  
in  
Full

adam Ziobron

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

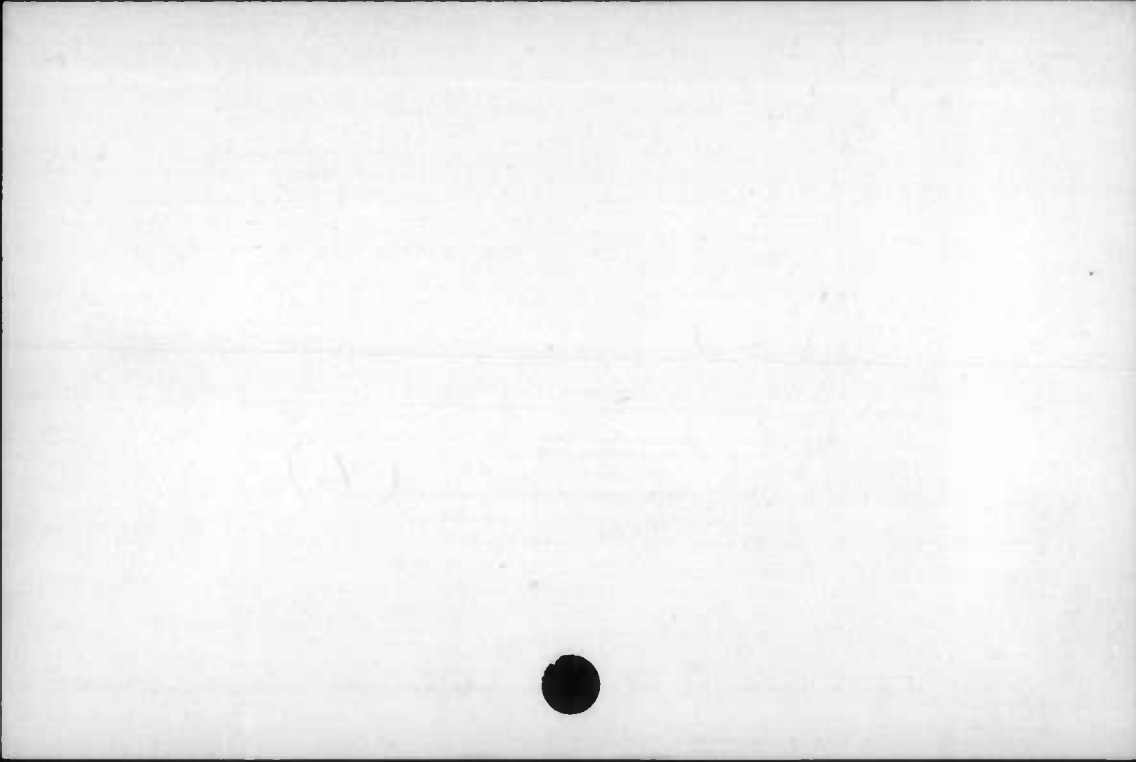
Died at <i>Sorbalto</i> <sup>Town</sup>		<i>AA</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>May</i>	Day	<i>2</i>
Age	<i>2</i>	Years	<i>2</i>	Months	<i>4</i>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Md</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>5 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>at once</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Thos. B. Horton M.D.</i>	
		Address	
		<i>So. Balto, Md.</i>	
Accident or Suicide?			





Name  
in  
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at or near <u>Mouth of Rock Creek - Anne Arundel</u>		County		MARYLAND	
Date of death 1909	Month May	Day 11 <sup>th</sup>	Years	Months	Days
Age <u>25+30</u>		Sex <u>Male</u>		Color or Race <u>Black</u>	
Birth place <u>South Carolina</u>		Occupation <u>Unknown</u>		Where Reiding if not at place of death <u>in neighborhood of Mouth of Rock Creek. A.A. Md.</u>	
Married, Single or Widowed <u>Unknown</u>		Name of Wife or Husband <u>Unknown</u>		Father's Name <u>Unknown</u>	
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		How related to deceased <u>None</u>	
Name of person giving Information <u>H. S. Daulap</u>					

CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary	<u>Intoxicating Liquor</u>	How long	<u>5 or 6 hours</u>
Immediate	<u>Drowning</u>	How long	<u>a few moments</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes as far as known</u>		Signature of <u>Helville S. Daulap</u>	
		Address <u>Justice 7th Precinct acting as Coroner - PO Annapolis A.A. Md</u>	
Accident or Suicide <u>Accident</u>			

